

1928

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

31372

1. PLACE OF DEATH

County RandolphRegistration District No. 733

File No.

Township HuntsvillePrimary Registration District No. 4438Registered No. 46City Huntsville (No.) St. Ward)2. FULL NAME Vicie Humphrey Rutherford

(a) Residence. No. St. Ward.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

/ How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF

(OR) WIFE OF

H. L. Rutherford Sr.6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 27 - 1845

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

8337

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

House wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Mo. Army of Mo.

(STATE OR COUNTRY)

10. NAME OF FATHER Thos. Humphreys

(STATE OR COUNTRY)

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Mo. Va.

PARENTS

12. MAIDEN NAME OF MOTHER Meduel M. David

(STATE OR COUNTRY)

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Calhoun County Va.

14.

INFORMANT Mrs. Jean Rutherford Saye(Address) 204 S. Short St. Huntsville Mo.15. Sept 14, 192816. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 7, 1928

17.

HEREBY CERTIFY That I attended deceased from Sept 27, 1928 to Sept 9, 1928that I last saw him give on Sept 9, 1928, and that death occurred, on the date stated above, at 1:50 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

118 Broncho Pneumonia1928CONTRIBUTORY (SECONDARY) Influenza(duration) yrs. mos. 6 ds.(duration) yrs. mos. 3 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH: 8

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) D. A. Bismark, M. D., 19 (Address) Huntsville

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Huntsville CemDATE OF BURIAL Sept 7 192820. UNDERTAKER Tom R PattonADDRESS Huntsville

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

