

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

Do not use this space.

36789

1. PLACE OF DEATH

County Jackson Registration District No. 398
 Township Blue Primary Registration District No. 5334
 City Independence Mo (No. A. F. L. No 6) St. Mo (Ward)

File No. _____
 Registered No. 383

2. FULL NAME

Mr. Jennie Rudd
 (a) Residence. No. Independence Mo St. A. F. L. No 6 (If nonresident give city or town and State)
 Length of residence in city or town where death occurred 20 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

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 Cyril J. Rudd

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 1863 June 15

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
65 4 20

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Home Wife
 (b) General nature of industry, business, or establishment in which employed (or employer) "
 (c) Name of employer "

9. BIRTHPLACE (CITY OR TOWN) Stratford Ontario
 (STATE OR COUNTRY) Canada

10. NAME OF FATHER James M. Rudd

11. BIRTHPLACE OF FATHER (CITY OR TOWN) West Union
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) West Union
 (STATE OR COUNTRY)

14. INFORMANT Cyril J. Rudd
 (Address) 22th & Rock Creek Road

15. FILED 11-12-1928 F. A. COOK REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 5 1928

I HEREBY CERTIFY, That I attended deceased from Oct 29, 1928, to Nov 5, 1928, that I last saw her alive on Nov 4, 1928, and that death occurred, on the date stated above, at Nov 5 m.8

THE CAUSE OF DEATH* WAS AS FOLLOWS: Ventral Hernia
Intestinal Obstruction
172 Hrs. Peritonitis
 (duration) yrs. mos. da. 6
 CONTRIBUTORY (SECONDARY) Ventral Hernia
 (duration) 2 yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH.

DID AN OPERATION PRECEDE DEATH. yes DATE OF Nov 3-28
 WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS. clinical
 (Signed) J. H. Hickerson, M. D.
Nov 6 1928 (Address) Independence Mo

*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 Wt Washington Cem DATE OF BURIAL Nov 1928

20. UNDERTAKER Chas. Mitchell ADDRESS Independence Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1928

