

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

Do not use this space.

37919

742  
5977

File No. 1  
Registered No. 19  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**1. PLACE OF DEATH**

County Ray Registration District No. \_\_\_\_\_  
Township Paris Primary Registration District No. \_\_\_\_\_  
City Paris (No. \_\_\_\_\_)

**2. FULL NAME**

Leslie J. Rude  
(a) Residence No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

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. (If nonresident give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 22 1911

7. AGE YEARS 17 MONTHS 3 DAYS 14 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work School  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
(c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) Kansas  
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Berry Rude

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

12. MAIDEN NAME OF MOTHER Kate Thompson

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

14. INFORMANT (Address) Berry Rude  
Paris

15. FILED Nov 14 1928 Edwin Stone  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 4 - 1928

17. I HEREBY CERTIFY, That I attended deceased from Oct. 30, 1928 to Nov. 4 - 1928  
that I last saw him alive on Oct 30, 1928 and that death occurred, on the date stated above, at 9 P. m.

**THE CAUSE OF DEATH WAS AS FOLLOWS:**

Acute Pulmonary Tuberculosis  
2.3 A

CONTRIBUTORY (SECONDARY) St (duration) yrs. mos. ds. denture

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

0 DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?  
(Signed) John Trace, M. D.  
5, 1928 (Address) Excelsior Springs 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 Lawson Mo DATE OF BURIAL Nov 1928

20. UNDERTAKER J M Ward ADDRESS Lawson

N. E.—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.

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