

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

Do not use this space.

1807
399

1. PLACE OF DEATH

County Jackson

Registration District No. 299

Township Raw

Primary Registration District No. 100

City Kansas City

No. 4400 Highland St. (Ward)

2. FULL NAME

(a) Residence. No. 4400 Highland St. 15 Ward.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

m

4. COLOR OR RACE

wh

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

widowed

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

Sarah J.

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

Apr. 1, 1841

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

87

9

25

8. OCCUPATION OF DECEASED

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

Retired

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

Butcher

(c) Name of employer

Franklin Co

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Mo.

10. NAME OF FATHER

John S. Rutherford

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Ky.

12. MAIDEN NAME OF MOTHER

Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Unknown

14.

INFORMANT

(Address)

Charles S. Rutherford

4400 Highland

15.

FILED

1/6, 1929

M. M. Crane

Asst

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

Jan. 26 19 29.

I HEREBY CERTIFY, That I attended deceased from Nov. 19 28 to Jan. 26 19 29

that I last saw him alive on Jan. 24 19 29, and that death occurred, on the date stated above, at 2:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Myocarditis, Chronic

Arteriosclerosis & Senility

CONTRIBUTORY (SECONDARY)

(duration) ✓ yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? no DATE OF —

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Geo F. Prinstein M. D.

1/26, 1929 (Address) 605 Bryant Bldg

*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

DATE OF BURIAL

Forest Hill

Jan 28 19 29

20. UNDERTAKER

ADDRESS

L. H. Newcomer

Donohoe

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.

6251 E. 1st St. 1000
Vic 10270.
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