

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

Do not use this space.

36682

**1. PLACE OF DEATH**

County Cole Registration District No. 913  
 Townships Jefferson Primary Registration District No. 3017  
 City Jefferson (No.         ) St.          Ward         

File No.           
 Registered No. 560

**2. FULL NAME**

Andrew Hamilton Rutledge  
 (a) Residence. No. 1500 E Miller St.          Ward           
 (Usual place of abode) (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Apr 50-1851

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
78 | 7 | 19

8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work Carpenter  
 (b) General nature of industry, business, or establishment in which employed. (or employee) Self  
 (c) Name of employe         

9. BIRTHPLACE (CITY OR TOWN) Callaway  
 (STATE OR COUNTRY) Mo

10. NAME OF FATHER Hamilton Rutledge

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

12. MAIDEN NAME OF MOTHER Malinda Thomas

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

14. INFORMANT Dorah Rutledge  
 (Address) Jefferson City

15. FILED 10/9/27 1927 St. Louis REGISTRAR         

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 24 1929

17. I HEREBY CERTIFY, That I attended deceased from Nov 21, 1929, to Nov 24, 1929 that I last saw him alive on Nov 24, 1929, and that death occurred, on the date stated above, at 5 P m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Terminal lobar pneumonia  
108  
130  
 (duration) ..... yrs. .... mos. 2 ds.

CONTRIBUTORY (SECONDARY) glomerular nephritis  
         (duration) ..... yrs. .... mos. .... ds.

18. WHERE WAS DISEASE CONTRACTED         

IF NOT AT PLACE OF DEATH         

19. DID AN OPERATION PRECEDE DEATH? no DATE OF         

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS clinical

(Signed) Just H. Hill, M. D.

(Address) Jefferson City 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          DATE OF BURIAL Nov 26 1929

20. UNDERTAKER          ADDRESS         

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.

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