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

Do not use this space.

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 38686

Township ..... Primary Registration District No. 1003 Registered No. 11100

City St. Louis (No. 5222, Terry Ave St. ..... Ward)

2. FULL NAME Nicholas Frances Rutherford

(a) Residence. No. 5222 Terry Ave St., 6 Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Female	White	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 8, 1905

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
24	5	4	

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

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

PARENTS

10. NAME OF FATHER Albert L Ellis

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

12. MAIDEN NAME OF MOTHER Minnie Giles

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

14. INFORMANT J W Rutherford
(Address) 5222 Terry Ave

15. FILED [illegible] 1[illegible], 19[illegible]29 Max C Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 12 1929

17. I HEREBY CERTIFY, That I attended deceased from Aug 16, 1929, to Nov 12, 1929 that I last saw her alive on Nov 11, 1929, and that death occurred, on the date stated above, at 3:30 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute Myocarditis
93 F
(duration) ..... yrs. 1 mos. 10 ds.

CONTRIBUTORY (SECONDARY) Acute Myocarditis
(duration) ..... yrs. ~~[illegible]~~ mos. ~~[illegible]~~ ds.

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? Clinical

(Signed) John W Macdonald, M. D.
11-13, 1929 (Address) 3529 Franklin

*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
Memorial Park Cem.	Nov 14 1929
20. UNDERTAKER	**ADDRESS**
Drehmann / Hanal	1905 Union

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.

2 - 2350

3529 Franklin

10 - 12

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