

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

Do not use this space.

1848

**1. PLACE OF DEATH**

County Johnson  
Township Madison  
City Bredley (No. ....) St. .... Ward)

Registration District No. 427  
Primary Registration District No. 4283

File No. ....  
Registered No. 9

**2. FULL NAME**

(a) Residence. No. .... Ward. ....  
(Usual place of abode) .....

Length of residence in city or town where death occurred 8 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 (write the word)**

Married

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

Maryland Ruthford

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

Mar 29 - 1852

**7. AGE**

| YEARS     | MONTHS    | DAYS      | IF LESS than 1 day, ..... hrs. or ..... min. |
|-----------|-----------|-----------|--|
| <u>78</u> | <u>10</u> | <u>23</u> |  |

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work. Retired Farmer  
(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)**

Leanington, Missouri

**10. NAME OF FATHER**

John Ruthford

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

Spain Co. Missouri

**12. MAIDEN NAME OF MOTHER**

Palona Lammon

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

Missouri

**14. INFORMANT (Address)**

Henry C. Ruthford, 1419 S. South St.,

**15. FILED**

1/24, 1931 G. W. Harris REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

2 **16. DATE OF DEATH (MONTH, DAY AND YEAR)** Jan 22 1931

**17. I HEREBY CERTIFY, That I attended deceased from** Jan 17 1931, to Jan 21 1931, at I last saw him alive on Jan 20, 1931 and that death occurred, on the date stated above, at 4:00 P. m.

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

11B  
16 1/2 (duration) yrs. .... mos. .... ds.  
11B (duration) yrs. .... mos. .... ds.  
**18. WHERE WAS DISEASE CONTRACTED**  
IF NOT AT PLACE OF DEATH.....

**DID AN OPERATION PRECEDE DEATH?** ..... **DATE OF** .....

**WAS THERE AN AUTOPSY?** .....

**WHAT TEST CONFIRMED DIAGNOSIS?**  
(Signed) Ermy Shupler, M. D.

\*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** Holden Cemetery **DATE OF BURIAL** Jan 24 1931

**20. UNDERTAKER** I. H. Goodman **ADDRESS** Holden Mo

WRITE PLAIN WITH UNFADING INK---THIS IS A PERMANENT RECORD

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

1-1848

Handwritten signature or scribble, possibly containing the word "LIFE" or similar characters.