

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

Do not use this space.

8442

**1. PLACE OF DEATH**

County Scottsbluff  
Township Sandhill  
City Rutledge (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

Registration District No. 811  
Primary Registration District No. 7489

File No. \_\_\_\_\_  
Registered No. 5

**2. FULL NAME**

(a) Residence. No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode) 6 (If nonresident, give city or town and State)  
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 <u>Female</u>	4. COLOR OR RACE <u>Whit</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>widowed</u>
5A. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OR (OR) WIFE OF <u>Joseph March</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>9/29/1843</u>		
7. AGE	YEARS <u>85</u>	MONTHS <u>4</u>
	DAYS <u>23</u>	If LESS than 1 day, _____ hrs. or _____ min.

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work Housewife  
(b) General nature of industry, business, or establishment in which employed (or employer) 235  
(c) Name of employer \_\_\_\_\_

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

PARENTS	10. NAME OF FATHER <u>Rice Carter</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u>
	12. MAIDEN NAME OF MOTHER <u>Northcutt</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u>

14. INFORMANTS Geo March & Lena Wilcox  
(Address) Rutledge mo

15. FILED 2-23, 1931 Idella Wilson  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2/22 1931  
17. I HEREBY CERTIFY, That I attended deceased from 1/15, 1931, to 2/22, 1931, that I last saw h. e. f. alive on 2/22, 1931, and that death occurred, on the date stated above, at 7 o'clock, P.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Chronic Interstitial Nephritis.  
1931  
(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
CONTRIBUTORY (SECONDARY) 131  
(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ 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 Obi Symp. + Urinalysis  
(Signed) Eugene Schell Dennis, M. D.  
, 19 \_\_\_\_\_ (Address) Rutledge, 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 Millport DATE OF BURIAL 2/24/1931

20. UNDERTAKER Truog & Bailey ADDRESS Rutledge

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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