

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

Do not use this space.

9910

1. PLACE OF DEATH

County Jackson
 Township Kaw
 City Kansas City (No. 3228 Brooklyn)

Registration District No. 1002
 Primary Registration District No. _____

File No. _____
 Registered No. 1176
 St. _____ Ward _____

2. FULL NAME Mrs. Rettie Rutter

(a) Residence. No. 3228 Brooklyn St. 13 Ward _____
 (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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 Edward H. Rutter
~~At Home~~

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 2, 1876

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
54 5 8

8. OCCUPATION OF DECEASED

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

10. NAME OF FATHER Spate Chatman

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

12. MAIDEN NAME OF MOTHER Eliza Carttors

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

14. INFORMANT Edward H. Rutter (Address) 3228 Brooklyn

15. FILED 3/11/31 M. M. Crowe REGISTRAR
asst.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar. 10, 1931

17. I HEREBY CERTIFY, That I attended deceased from Mar. 9, 1931 to Mar. 10, 1931 that I last saw h. alive on Mar. 10, 1931 and that death occurred, on the date stated above, at 3 PM m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Coronary Sclerosis

(duration) yrs. mos. ds. 94 B

CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. ds. 94 B

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH _____

19. DID AN OPERATION PRECEDE DEATH? Yes DATE OF _____

20. WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Stanley M. Hall M. D. 3/11, 1931 (Address) 1531 Angyle Rd.

*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 Mt Moriah Cemetery DATE OF BURIAL 3-12-31

20. UNDERTAKER R. V. Lindsey & Sons, Inc. ADDRESS K. C. Mo.

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.

WHILE COMPLETE; WITH UNFADING INK—THIS IS A PERMANENT RECORD

24-11-11

531 Orange St.