

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

Do not use this space.

17243

File No. \_\_\_\_\_  
Registered No. 94 Ward \_\_\_\_\_

**1. PLACE OF DEATH**

County Butler Registration District No. 89  
Township Paplar Bluff Primary Registration District No. 5131  
City \_\_\_\_\_ (No. \_\_\_\_\_) \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Harvey E Rudolph  
(a) Residence, No. 1 mi. S.W. Paplar Bluff Mo. 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.

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 20 1931

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

22. I HEREBY CERTIFY, That I attended deceased from May 17 1931, to May 20 1931.  
I last saw him alive on May 20 1931. Death is said to have occurred on the date stated above, at 9 P. m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 5 1922

The principal cause of death and related causes of importance were as follows:  
Scarlet Fever Date of onset May 17 1931

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
8 7 15

OCCUPATION  
8. Trade, profession, or particular kind of work done, as splanner, sawyer, bookkeeper, etc. \_\_\_\_\_  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. \_\_\_\_\_  
10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation. \_\_\_\_\_

Other contributory causes of importance: \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Butler Co. Mo

MOTHER FATHER  
13. NAME Claude Kirk Rudolph

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky

15. MAIDEN NAME Jessie Harper

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn

17. INFORMANT Claude K. Rudolph (ADDRESS) Paplar Bluff Mo. RFD 6

18. BURIAL, CREMATION, OR REMOVAL PLACE Black Creek Cem. DATE May 22 1931

19. UNDERTAKER Dr. J. P. Phelps (ADDRESS) Paplar Bluff Mo

20. FILED May 21 1931 B. J. Klump Registrar.

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place. \_\_\_\_\_

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify \_\_\_\_\_  
(Signed) J. L. Kuehler M. D.  
(Address) Paplar Bluff Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JUN 24 1931

