

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

Do not use this space.

16390

**1. PLACE OF DEATH**

County Jackson  
Township Paris  
City Hannover City

Registration District No. 399  
Primary Registration District No. 1002  
(No. San Nevers)

File No. \_\_\_\_\_  
Registered No. 2183  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. 2019 Madison St. 3 Ward.

(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred 20 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 5, 1881

7. AGE YEARS 50 MONTHS 5 DAYS 26 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Maid 244  
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 \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Monticello Ala. 2

13. NAME Frank Rutledge

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

15. MAIDEN NAME Lucinda Poland

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

17. INFORMANT (ADDRESS) Renee Clark

18. BURIAL, CREMATION, OR REMOVAL PLACE Maple Hill DATE June 3, 1932

19. UNDERTAKER (ADDRESS) W. W. Crowe

20. FILED 5/31 1932 M. M. Crowe Asst. Registrar.

**3 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-30-32, 19

22. I HEREBY CERTIFY, That I attended deceased from 5-19-32, 19, to 5-30-32, 19.

I last saw her alive on 5-20-32, 19. Death is said to have occurred on the date stated above, at 6:00 P.

The principal cause of death and related causes of importance were as follows:

Myocardial infarction  
hypertensive heart disease  
pulmonary edema  
Other contributory causes of importance: \_\_\_\_\_  
955  
930  
1118  
7310

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? Chemical. Was there an autopsy? No

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?  
If so, specify \_\_\_\_\_

(Signed) D. M. Miller, M. D.  
(Address) Hannover City, 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.

