La Hue.

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

Do not use this space.

21907

1. PLACE OF DEATH
7 County Bates — Registration District No. 50 — File No. 20
3 Township — Primary Registration District No. 3004 — Registered No. 45
4 City Butler (No. Butler Memorial Hospital St. Ward)

2. FULL NAME George W Ruddell

(a) Residence, No. (Usual place of abode) St., Ward. (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: male
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Widowed.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 30. 1851

7. AGE: YEARS 81 — MONTHS 5 — DAYS 14 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Farmer
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) Carlisle Kentucky 2

FATHER
13. NAME George W Ruddell
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

MOTHER
15. MAIDEN NAME Sallie — Don't Know
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't Know 31

17. INFORMANT (ADDRESS) Jesse Ruddell Butler Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Oak Hill DATE July 15, 1932

19. UNDERTAKER (ADDRESS) Culver's Butler Mo. Per Nina L Culver

20. FILED July 15, 1932 Nina L Culver
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 14, 1932

22. I HEREBY CERTIFY, That I attended deceased from July 7th 32, to July 14th, 1932
I last saw him alive on June 14, 1932. Death is said to have occurred on the date stated above, at 1 a m.
The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage — Date of onset
131
[illegible] 131

Other contributory causes of importance:
Chronic Nephritis (1)

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? .....
If so, specify .....
(Signed) L D La Hue, M. D.
(Address) Butler 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.

AUG 22 1932