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

Do not use this space.

22073

**1. PLACE OF DEATH**

County: Buchanan — Registration District No.: 86 — File No.: 49
Township: Washington — Primary Registration District No.: 5127 — Registered No.:
City: — (No. ..... Mordens Sanitarium St. ..... Ward)

**2. FULL NAME** John Rutherford

(a) Residence. No. ..... St. ..... Ward. ..... Kansas City, Kans.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

## PERSONAL AND STATISTICAL PARTICULARS

**3. SEX** Male **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 Cecile Rutherford

**6. DATE OF BIRTH** (MONTH, DAY AND YEAR) July 29 1885

**7. AGE** Years 46 Months 11 Days 5 If LESS than 1 day, ..... hrs. or ..... min.

**8. OCCUPATION OF DECEASED**
(a) Trade, profession, or particular kind of work: Druggist X 161
(b) General nature of industry, business, or establishment in which employed (or employer): Drugs
(c) Name of employer: self

**9. BIRTHPLACE** (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Indiana

**PARENTS**
10. NAME OF FATHER: Wm A Rutherford
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Dont know
12. MAIDEN NAME OF MOTHER: Martha Hanna
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Dont know

**14.** INFORMANT: Mary Crockett
(Address): 346 No 5 KCK

**15.** Filed July 4 1932 J J Banshek
REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

**16. DATE OF DEATH** (MONTH, DAY AND YEAR) July 3 1932

**17.** I HEREBY CERTIFY, That I attended deceased from June 30th, 1932, to July 3, 1932, that I last saw h. alive on July 3, 1932, and that death occurred, on the date stated above, at 1:40 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Myocarditis Chronic
(duration) yrs. mos. 10 da.

CONTRIBUTORY (SECONDARY) none
(duration) yrs. mos. da.

**18.** WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? Denver Colo
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) A Ferguson, M.D.
7/4, 1932 (Address) 4 39 Rockridge Roe Blk

*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~~** Kansas — **DATE OF BURIAL** 7/5 1932

**20. UNDERTAKER** Skradski & Son — **ADDRESS** KCK 346 No 5

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