

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

Do not use this space.

25173

1. PLACE OF DEATH

County Vernon Registration District No. 922
Township Washington Primary Registration District No. 6769
City Nevada (No. 4) St. _____ Ward _____

2. FULL NAME

John Rutherford
(a) Residence, No. Treston, Mo. St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 1 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) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 7, 1865

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
67 0 3

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 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) Nickory County Missouri

13. NAME Ellis Rutherford

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cole County Missouri

15. MAIDEN NAME Elevine Miller

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Audran Co Missouri

17. INFORMANT (ADDRESS) wife

18. BURIAL, CREMATION, OR REMOVAL PLACE Fisher's DATE July 12, 1932

19. UNDERTAKER (ADDRESS) J.R. Tucker

20. FILED July 11, 1932 J.M. Robertson Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 10, 1932

22. I HEREBY CERTIFY, That I attended deceased from July 9, 1932 to July 10, 1932
I last saw him alive on July 10, 1932 Death is said to have occurred on the date stated above, at 6:20 p.m.
The principal cause of death and related causes of importance were as follows:

Pulmonary Pneumonia Date of onset 7/5/32

1098 109

Other contributory causes of importance: Senile Dementia about 5-year

Name of operation _____ Date of _____
What test confirmed diagnosis? clinical 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? no
If so, specify _____
(Signed) J.M. Egan, Capt. M. D.
(Address) State Hospital Nevada, 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.

108
7
1932

