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

Do not use this space.

29911

File No. 76

Registered No.

1. PLACE OF DEATH

73 County Newton — Registration District No. 609

Township Neosho — Primary Registration District No. 5808

City ..... (No. ..... St. ..... Ward)

2. FULL NAME Trustin Paul Rattiff

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

Length of residence in city or town where death occurred 74 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

OCT 23 1932

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: Elizabeth Rattiff

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Apl 18 1856

7. AGE: Years 76 — Months 4½ — Days 26 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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): Neosho Missouri

FATHER

13. NAME: Job Rattiff

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Don't know

MOTHER

15. MAIDEN NAME: Lorena Gentry

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Don't know

17. INFORMANT (ADDRESS): Roy Rattiff Kansas City Mo

18. BURIAL, CREMATION, OR REMOVAL — PLACE: Odd Fell Cem. DATE: 9-13 1932

19. UNDERTAKER (ADDRESS): Brytman Neosho Mo

20. FILED 9/24 1932 C. E. Manless Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Sept 11 1932

22. I HEREBY CERTIFY, That I attended deceased from July 31 1932 to Sept 11 1932

I last saw him alive on Sept 11 1932. Death is said to have occurred on the date stated above, at 1:45 p.m.

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

Uremia — Date of onset Sept 7/32

Bright's disease — Date of onset Aug 31/1932

Cerebral Hemorrage right side

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... 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) C. Waddle, M. D.

(Address) Neosho 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.