

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

Do not use this space.

1876

1. PLACE OF DEATH

County Jasper
Township Shannon
City Carthage (No. St. Ward)

Registration District No. 408
Primary Registration District No. 3020

File No.
Registered No.

2. FULL NAME

Ollie May Rutherford
(a) Residence, No. 230 N. Maple St. Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 26, 1908

7. AGE YEARS 24 MONTHS 6 DAYS 7 If LESS than 1 day, hrs. or min.

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

13. NAME Sam M. Allister

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Louden Tennessee

15. MAIDEN NAME Ollie Boyer

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Homeles, County Missouri

17. INFORMANT (ADDRESS) Sam M. Allister Carthage, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Berry County DATE Jan 4 1933

19. UNDERTAKER (ADDRESS) George H. Wood Carthage, Missouri

20. FILED 1/4 19 33 A. Richard Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 3 1933

22. HEREBY CERTIFY, That I attended deceased from Jan 2 1933 to Jan 3 1933
I last saw her alive on Jan 3 1933. Death is said to have occurred on the date stated above, at 12:05 A.M.
The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis Date of onset 230 11 A
Other contributory causes of importance: Asphyxia

Name of operation none Date of _____
What test confirmed diagnosis Physical 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? None (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) George H. Wood M. D.
(Address) Carthage Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

JAN 24 1933

2-7-33

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