

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

Do not use this space.
14121

1. PLACE OF DEATH

79 County Peru Registration District No. 660
Township Central Primary Registration District No. 5878
City..... (No.....) St..... Ward.....

2. FULL NAME

Marschet Rudloff
(a) Residence, No..... St..... Ward.....
(Usual place of abode)
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. (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) widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF William Rudloff
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 5 1847
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
90 7 16

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
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) St. Louis, Mo.

13. NAME James E. Rudloff

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Westland

15. MAIDEN NAME Martha Kichan

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Mrs. H. Herat
(ADDRESS) Consolidate Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mount Hope DATE April 26, 1933

19. UNDERTAKER Hubert + Spina
(ADDRESS) Westland Mo.

20. FILED 4-25-33 Peru, Mo. Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 24, 1933
22. I HEREBY CERTIFY That I attended deceased from April 23, 1933, to April 24, 1933
I last saw h.e.r. alive on April 24, 1933. Death is said to have occurred on the date stated above, at 3:15 p.m.
The principal cause of death and related causes of importance were as follows:

Cardiac Failure
Pleural edema
Chronic Myocarditis
Other contributory causes of importance:
Several years

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 Over a Caron M.D.
(Signed) Perquillo, Mo.
(Address)

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.

MAY 22 1933

RECORDED WITH IMPROVING INK—THIS IS A PERMANENT RECORD

