

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

Do not use this space.

29952 ✓

1. PLACE OF DEATH
 48 County Jackson Registration District No. 400
 Township Prairie Primary Registration District No. 5553B
 City Little Blue (No. Jackson ex Home) St. _____ Ward) _____
 2. FULL NAME Martin Rutledge
 (a) Residence, No. Jackson County Home Ward. _____
 (Usual place of abode) (If nonresident, give city or town and State)
 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.

File No. _____
 Registered No. 151
 St. _____ Ward) _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) SINGLE
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Single

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9-16-1865

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
68 0 6

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. unknown
 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) Ireland

13. NAME Unknown

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

15. MAIDEN NAME Unknown

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

17. INFORMANT J. W. Hostetter
 (ADDRESS) 70 J. C. Home

18. BURIAL, CREMATION, OR REMOVAL PLACE Not explained DATE Sept. 23, 1933

19. UNDERTAKER No Anatomical Society
 (ADDRESS) Bellevue

20. FILED Sept. 23, 1933 William J. Field
 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 22, 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 1, 1933, to 9-22, 1933
 I last saw him alive on 9-21, 1933 Death is said to have occurred on the date stated above, at 3 A. m.
 The principal cause of death and related causes of importance were as follows:

mitral regurgitation Date of onset _____
92A 92
 Other contributory causes of importance: _____

Name of operation _____ Date of _____
 What test confirmed diagnosis chemical 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. W. Greene, M. D.
 (Address) Bellevue

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.

OCT 20 1933

4-23-33

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81

1933-9-22

1865-9-16

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