

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

Do not use this space.

19310

1. PLACE OF DEATH

County Wepster Registration District No. 897
Township Raywood Primary Registration District No. 6202
City Raywood No. 1 St. Mo. Ward 1

File No. 19310
Registered No. 19310

2. FULL NAME

(a) Residence, No. 1 St. Mo. Ward 1

(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct. 25 - 1857</u>		
7. AGE	YEARS <u>76</u>	MONTHS <u>6</u>
	DAYS <u>20</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>	
	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

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 15, 1934

22. I HEREBY CERTIFY, That I attended deceased from 5-15, 1934, to 5-15, 1934
I last saw him alive on 5-15, 1934 Death is said to have occurred on the date stated above, at 11:15 a.m.

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

Pulmonary Embolism
11:15
97
arteriosclerosis

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 only beer, M. D.
(Signed) Seymour
(Address) Raywood

MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Indiana</u>
	13. NAME <u>Chas. Rutton</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>not known</u>
	15. MAIDEN NAME <u>not known</u>
FATHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>not known</u>
	17. INFORMANT (ADDRESS) <u>Walter Rutton</u>
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Masonic Center</u> DATE <u>May 16 34</u>	
19. UNDERTAKER (ADDRESS) <u>W. H. Bollinger</u>	
20. FILED <u>5/15 34</u> <u>W. H. Bollinger</u> Registrar.	

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.

JUN 27 1934

