

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

Do not use this space.

**1. PLACE OF DEATH**

County Jackson Registration District No. 431  
 Township ..... Primary Registration District No. 3023  
 City Warrensburg (No. ....) St. .... Ward (.....)

File No. 20953  
 Registered No. ....

**2. FULL NAME**

Ethel R. Rudy  
 (a) Residence, No. 504 S. Holden St. .... 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.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Fe</u>	4. COLOR OR RACE <u>Wh</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Charles W. Rudy</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb 19 - 1876</u>		
7. AGE	YEARS <u>58</u>	MONTHS <u>4</u>
	DAYS <u>10</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>Housewife</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
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Hamilton Vir.</u>		
FATHER	13. NAME <u>John A. Taxemmer</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>UNKNOWN</u>	
MOTHER	15. MAIDEN NAME <u>Emma Poe</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>UNKNOWN</u>	
17. INFORMANT (ADDRESS) <u>Charles Taxemmer Rudy</u> <u>St. Louis, Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Sunset Hill</u> DATE <u>July 1</u> 19 <u>34</u>		
19. UNDERTAKER (ADDRESS) <u>W.F. Wilcox Funeral Service</u> <u>Warrensburg Mo.</u>		
20. FILED <u>July 1</u> 19 <u>34</u> <u>Carroll Bentley</u> Registrar		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 29 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 1927 to June 29 1934  
 I last saw her alive on June 27 1934 Death is said to have occurred on the date stated above, at 6:20 P.M.  
 The principal cause of death and related causes of importance were as follows:  
Carcinoma of Breast Date of onset 1927  
50  
50  
 Other contributory causes of importance:

Name of operation Breast removal Date of 1937  
 What test confirmed diagnosis? Spec 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) W. E. Johnson M. D.  
 (Address) Warrensburg 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.

JUL 13 1934

