

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

Do not use this space.

21657

1. PLACE OF DEATH

County St. Francois

Registration District No. 773

Township St. Francois

Primary Registration District No. 6018A

File No. _____

Registered No. 91

Near City Farmington, Mo. (No. _____) St. _____ Ward _____

2. FULL NAME Frances Elizabeth Rutliff

(a) Residence, No. _____ 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 21 1846

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	88	3	25	

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) Marion County
 (STATE OR COUNTRY) Missouri

13. NAME John Tillatson

14. BIRTHPLACE (CITY OR TOWN) Salisbury
 (STATE OR COUNTRY) Missouri

15. MAIDEN NAME Elizabeth Kitchen

16. BIRTHPLACE (CITY OR TOWN) _____
 (STATE OR COUNTRY) Tennessee

17. INFORMANT Hospital Records
 (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL Houston
 PLACE St. Charles Mo. DATE 6-18-34

19. UNDERTAKER Farmington Undert Co
 (ADDRESS) Soell for Elliott and Co

20. FILED 6-18-34 A. J. Robinson
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 16, 1934

22. I HEREBY CERTIFY, That I attended deceased from June 14, 1934 to June 16, 1934
 I last saw her alive on June 16, 1934 Death is said to have occurred on the date stated above, at 3:30 p.m.
 The principal cause of death and related causes of importance were as follows:

Cerebral Apoplexy
Generalized gelivio-sclerosis and senile psychosis
 Date of onset _____
 Other contributory causes of importance _____

Name of operation _____ Date of _____
 What test confirmed diagnosis? Cerebral 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? _____
 If so, specify _____
 (Signed) P. S. Tate M. D.
 (Address) Hosp #4 Farmington 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.

