APR 17 1935

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

Do not use this space.

8729

1. PLACE OF DEATH 37
County Gasconade
Township Clay
City ..... (No. ..... St. ..... Ward)
Registration District No. 302
Primary Registration District No. 6231
File No. .....
Registered No. .....

2. FULL NAME Wilmer Gene Rudolph

(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 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 Infant

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 19-34

7. AGE YEARS — — MONTHS 9 DAYS — — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant
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) Bland R.F.D. #1 Mo

FATHER
13. NAME Elliot H. Rudolph
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Canaan Mo

MOTHER
15. MAIDEN NAME Emelie Nehrt
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Nashville, Illinois

17. INFORMANT (ADDRESS) Elliot H Rudolph Bland Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Bemo DATE 3-21 1935

19. UNDERTAKER (ADDRESS) W.F. Gottenstraeter Owensville Mo

20. FILED 3/20 1935 C A Bunge MD Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 19, 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb. 21, 1935, to March 19, 1935
I last saw him alive on March 18, 1935. 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:

	Date of onset
Broncho pneumonia	4 weeks
9	
Other contributory causes of importance: Whooping Cough	2 months

Name of operation none 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 —
(Signed) Joseph W Mills, M. D.
(Address) Owensville 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.