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

AUG 28 1936

Do not use this space.

27794

1. PLACE OF DEATH
County St. Francois — Registration District No. 773
Township St. Francois — Primary Registration District No. 601&A
File No. — Registered No. 140
Near City ~~Farmington~~ (No. ..., ... St. ... Ward)

2. FULL NAME James Lee Rudloff
(a) Residence, No. St. Louis, Mo. 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF Frederica Rudloff

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 9, 1871

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	65		18	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Watchmaker
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) St. Marys Mo.

FATHER
13. NAME Joseph Rudloff
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ste Genevieve Co. MO.

MOTHER
15. MAIDEN NAME Mary Wolford
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ste Genevieve Co. MO.

17. INFORMANT Hospital Records
(ADDRESS) Farmington, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Florissant Mo. DATE 7-30 1936

19. UNDERTAKER Brockland Undertaking Co
(ADDRESS) St Louis Mo.

20. FILED July 28, 1936 B. J. Robinson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 27, 1936

22. I HEREBY CERTIFY, That I attended deceased from March 19, 1936, to July 27, 1936
I last saw him alive on July 27, 1936. Death is said to have occurred on the date stated above, at 9 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
General Paralysis of the Insane.	

Other contributory causes of importance: Diabetes Mellitus, Generalized arteriosclerosis with mild hypertension heart disease and thrombo phlebitis of leg which occurred slowly [illegible]
Name of operation ... Date of ...
What test confirmed diagnosis? Clinical & Lab. 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. J. Fale, M. D.
(Address) Hosp. #4 Farmington Mo.

NOTE: 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.

He also suffered from the excessive heat