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.

SEP 24 1936

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

Do not use this space.

31362

1. PLACE OF DEATH
County Jasper — Registration District No. 411 — File No.
Township — Primary Registration District No. 2002 — Registered No.
City Joplin (No. St. John's Hospital St. Ward)

2. FULL NAME Barbara Jean Rutherford
(a) Residence, No. 102 E. 5th St., Ward. Galena - Kansas
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred Galena Ks. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fem
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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 31 - 1935

7. AGE — YEARS: 0 — MONTHS: 9 — DAYS: 12 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
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) (STATE OR COUNTRY) Joplin Mo.

FATHER
13. NAME Kenneth Rutherford
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

MOTHER
15. MAIDEN NAME Jaunita Plumlee
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Oklahoma

17. INFORMANT (ADDRESS) Kenneth Rutherford

18. BURIAL, ~~CREMATION, OR REMOVAL~~ PLACE Fairview Cemetery DATE Aug 13 1936

19. UNDERTAKER (ADDRESS) Boice Und. Co Galena Kansas

20. FILED 8-12 1936 Ed D James Registrar.

MEDICAL CERTIFICATE OF DEATH

Dr. Hardy -

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug - 12 - 1936

22. I HEREBY CERTIFY, That I attended deceased from 8-11, 1936 to 8-12, 1936
I last saw her alive on 10 30 8/11 1936. Death is said to have occurred on the date stated above, at 8 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Colitis - Toxic	8-10 36
119 B	

Other contributory causes of importance:

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 .....
(Signed) Jos Hardy, M. D.
(Address) Joplin Mo