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 16 1936

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

Do not use this space.

31746

File No. 9

Registered No. 9

1. PLACE OF DEATH

County: Monroe — Registration District No. 5-86

Township: South Fork — Primary Registration District No. 5784

City: Paris — (No. ..... St. ..... Ward)

2. FULL NAME: John P. Rudasill

(a) Residence, No. R.F.D. 4 Paris Mo. ..... 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): Married

5A. IF ~~MARRIED, WIDOWED, OR DIVORCED~~ HUSBAND OF (OR) WIFE OF: Ottilia Rudasill

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 29 1846

7. AGE — YEARS: 90 — MONTHS: — — DAYS: 21 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer

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): Monroe County Mo

FATHER

13. NAME: John P. Rudasill

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Va

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT (ADDRESS): K. P. Rudasill. Mexico Mo

18. BURIAL, CREMATION, OR REMOVAL — PLACE: Elmwood Mexico Mo — DATE: 8-21 1936

19. UNDERTAKER (ADDRESS): H. A. Brecht & Son Mexico Mo

20. FILED: Sept. 10 1936 — Effie B. Drake, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): AUG 19 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 1936 to Aug 19 1936, last saw ~~him~~ alive on Aug 19 1936. Death is said to have occurred on the date stated above, at 4:20 a.m.

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis — Date of onset: Don't Know

Other contributory causes of importance: 90 years

Name of operation: — Date of:

What test confirmed diagnosis: Clinical. 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) M. C. McMurry, M. D.

(Address) Paris Mo