

SEP 15 1936

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

Do not use this space.

791

32351

1. PLACE OF DEATH

County.....
Township.....
City *St. Louis, Mo.* (No. *Masonic Home*)

Registration District No. **1003**
Primary Registration District No.

File No.
Registered No. **8180**
St. Ward)

2. FULL NAME

Mrs Vera Jane Rutledge
(a) Residence, No. *5351 Delmar* St., *12* Ward
(Usual place of abode)

Length of residence in city or town where death occurred *3 yrs. 5 mos. 21 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 (*widow*)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Albert L. Rutledge*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Aug. 21 - 1868*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
67 11 10

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Retired*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Housewife*
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) *Detroit Michigan*

FATHER 13. NAME *Elamson Attwood*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Yorkstead New York*

MOTHER 15. MAIDEN NAME *Josephine Reynolds*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Dearborn Michigan*

17. INFORMANT (ADDRESS) *Mrs. Elizabeth Walker 5351 Delmar, St. Louis, Mo.*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Mt. Lebanon Cem.* DATE *Aug 4, 1936*

19. UNDERTAKER (ADDRESS) *Geo. L. Pleitich, Inc. 5946 Eastern Ave.*

20. FILE **AUG 4 1936** *J. T. Bredeck* Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Aug 1, 1936*

I HEREBY CERTIFY, That I attended deceased from *Jan 20, 1936* to *Aug 1, 1936*

I last saw him alive on *July 31, 1936*. Death is said to have occurred on the date stated above, at *7:50 a.m.*

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

Chronic Myocarditis 1 yr

Other contributory causes of importance: *Chronic Interstitial Nephritis*

Name of operation..... Date of.....

What test confirmed diagnosis? *Phys. Ex.* 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) *Dolon Cameron*, M. D.

(Address) *508 N. Grand Blvd.*

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.

