

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

Do not use this space.

36485

OCT 21 1936

1. PLACE OF DEATH

County Vernon Registration District No. 875
Township Washington Primary Registration District No. 6162
City Washington (No. _____) St. _____ Ward _____

2. FULL NAME Thomas Rudolph

(a) Residence No. State Hospital # 3 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. 3 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) wid.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF not known

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 7, 1883

7. AGE YEARS 53 MONTHS 6 DAYS 22 IF LESS than 1 day, _____ hrs. or _____ min.

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

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) Altaville Pa. (STATE OR COUNTRY)

13. NAME Erwin S. Rudolph

14. BIRTHPLACE (CITY OR TOWN) Pa. (STATE OR COUNTRY)

15. MAIDEN NAME Margaret Packer

16. BIRTHPLACE (CITY OR TOWN) Pa. (STATE OR COUNTRY)

17. INFORMANT Ch. Clark, Vernon Co. (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Forestwood DATE Oct. 3, 1936

19. UNDERTAKER Allen J. Hays (ADDRESS) Newburg, Mo.

20. FILED Oct. 2, 1936 M. Schuinger Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 29, 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept. 26, 1936 to Sept. 29, 1936

I last saw him alive on Sept. 26, 1936 Death is said to have occurred on the date stated above, at 8:15 P. M.

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

Cancer of face (left cheek) Date of onset 6 mos.

Other contributory causes of importance:

Name of operation none 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) T. J. O'Neil, M. D.

(Address) Thurston, Mo.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

MARGIN RESERVED FOR BINDING

20M-2-10-36
U.S. NO. 2
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