

DEC 4 1936

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

Do not use this space.

1. PLACE OF DEATH

County ScotlandRegistration District No. 811Township South HillPrimary Registration District No. 6059City Rutledge, Mo. (No. _____)

St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Rutledge, 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

Male

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)

Apr 1 - 1936

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day,hrs. ormin.

618

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)

Scotland County, Mo.

13. NAME

Ernie Hayward

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

Scotland Co. Mo.

15. MAIDEN NAME

Anna neehatal

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

Asbury Mo.

17. INFORMANT (ADDRESS)

Ernie Hayward Rutledge

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Memphis, Tenn.DATE Oct 20

1936

19. UNDERTAKER (ADDRESS)

Southbrook St. Rutledge, Mo.

20. FILED

Oct 26, 1936Mary Lee Hume

Registrar.

MEDICAL CERTIFICATE OF DEATH

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

Oct 18, 1936

22. I HEREBY CERTIFY, That I attended deceased from

Apr 1st, 1936 Oct 18th, 1936I last saw him alive on Oct 18th, 1936 Death is saidto have occurred on the date stated above, at 10:30 P.M.

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

Ectero Calciton

Date of onset

10-7-36

Other contributory causes of importance:

Always undereasuredChang. Cleft Palate

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)

F. M. Johnson

M. D.

(Address)

Carrie Med

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.

