

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.

FEB 19 1937

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

Do not use this space.

2436

1. PLACE OF DEATH

County Wolaway
Township Barnard
City Barnard (No. 2)

Registration District No. 617
Primary Registration District No. 4368

File No. _____
Registered No. 1
St. _____ Ward _____

2. FULL NAME

Harlen Carl Fred Rurode

(a) Residence, No. _____ 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. 5 mos. _____ ds. How long in U. S., if of foreign birth? yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 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) April 23, 1918

7. AGE YEARS 18 MONTHS 8 DAYS 26 If LESS than 1 day, _____ hrs. _____ or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. student
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 1 7/8

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) near Peterson Iowa

FATHER 13. NAME William John Carl Rurode

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) near Clarinda Iowa

MOTHER 15. MAIDEN NAME Lydia Elizabeth Miller

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) near Peterson Iowa

17. INFORMANT W. Rurode (ADDRESS) Barnard, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. James Evangelical Cemetery DATE _____ 19 _____

19. UNDERTAKER (ADDRESS) Campbell Funeral Home Marionville, Mo.

20. FILED 1/19/1937 Chas. D. Humbard, Jr. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 19, 1937

22. I HEREBY CERTIFY that I attended deceased from Nov. 28, 1936, to Jan 19, 1937

I last saw him alive on Jan 19, 1937. Death is said to have occurred on the date stated above, at 1:50 a. m.

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

Nephritis, following pertussis & pneumonia Date of onset 1930

Other contributory causes of importance: None

Name of operation none Date of _____

What test confirmed diagnosis? laboratory 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) Chas. D. Humbard, Jr., M. D.

(Address) Barnard, Mo.

