

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.

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

Do not use this space.

MAR 25 1937

1. PLACE OF DEATH

County Saline

Registration District No. 796

File No. 8973

Township

Primary Registration District No. 3038

Registered No. 31

City Marshall

(No. Fitzgibbons Hospital)

St. _____ Ward _____

2. FULL NAME Emma May Rudd

(a) Residence, No. Shackelford, Mo. St. _____ Ward _____

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 12, 1937

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Henry P. Rudd

22. I HEREBY CERTIFY, That I attended deceased from Jan 15, 1937, to Feb 12, 1937
I last saw him alive on Feb 11, 1937 Death is said to have occurred on the date stated above, at m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 16-1879

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

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 57 11 26

The myocardium is marked decomposition

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

Other contributory causes of importance: A3

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

Name of operation _____ Date of _____
What test confirmed diagnosis? Clinical Was there an autopsy? No

FATHER 13. NAME James Brown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Monroe County Missouri

MOTHER 15. MAIDEN NAME Ellen Clark

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

17. INFORMANT Henry P. Rudd
(ADDRESS) Shackelford, Mo.

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.

18. BURIAL, CREMATION, OR REMOVAL PLACE Blue Lick Cem. DATE Feb. 13, 1937

Manner of injury _____
Nature of injury _____

19. UNDERTAKER J. D. Campbell
(ADDRESS) Marshall, Mo.

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____
(Signed) Dr. W. H. Danner M. D.
(Address) Marshall, Mo.

20. FILED 2-13-37 Kelen Huston Registrar.

