APR 16 1937

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

Do not use this space.

1. PLACE OF DEATH
County Clark — Registration District No. 194 — File No. 11603
Township Washington — Primary Registration District No. 5271 — Registered No. 8
City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME William H. Rule
(a) Residence, No. Wyaconda Mo. ..... 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): Sept 24 - 1878
7. AGE: YEARS 58 — MONTHS 5 — DAYS 20 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
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): Knox Co. Mo

FATHER
13. NAME: James H. Rule
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Knox Co. Mo

MOTHER
15. MAIDEN NAME: Hannah Little
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Boone Co. Mo

17. INFORMANT (ADDRESS): Logan Rule Wyaconda Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Woodville DATE Mch 16 1937
19. UNDERTAKER (ADDRESS): Guth & Bosbett Wyaconda Mo
20. FILED Mch 16 1937 Bessie Blattner Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): March 14 — 1937

22. I HEREBY CERTIFY, That I attended deceased from Feby 4 - 1937, to March 14 — 1937
I last saw him alive on March 10 — 1937. Death is said to have occurred on the date stated above, at 11 40 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	do not know

93 D1

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) Don Pierce, M. D.
(Address) Wyaconda Mo.

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.