

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

Do not use this space.

MAY 19 1937

16212

1. PLACE OF DEATH

County DeWitt
 Township Salem
 City Salem (No. _____)

Registration District No. 266
 Primary Registration District No. 4167

File No. _____
 Registered No. 29 Ward _____

2. FULL NAME

William Edward Rudd

(a) Residence, No. Salem 710 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 Married
 (write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 3-1870

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
<u>66</u>	<u>66</u>	<u>9</u>	<u>19</u>	

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Gen. Practice

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Startville (STATE OR COUNTRY) Wright Co Mo.

13. NAME P. W. Rudd

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

15. MAIDEN NAME Delilah Messimer

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

17. INFORMANT Carrie A Rudd (ADDRESS) Salem Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Cedar Grove DATE Apr. 25-37

19. UNDERTAKER W. K. Spencer (ADDRESS) Salem Mo

20. FILED Apr. 24 1937 Abraham Beck Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 22 1937

22. I HEREBY CERTIFY, That I attended deceased from April 5 1937 to April 22 1937

I last saw him alive on April 12 1937. Death is said to have occurred on the date stated above, at 7:00 p.m.

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

Coronary Thrombosis Date of onset _____

Other contributory causes of importance: Myocarditis
Arterio-Sclerosis

Name of operation none Date of _____

What test confirmed diagnosis? Cholera Was there an autopsy? no

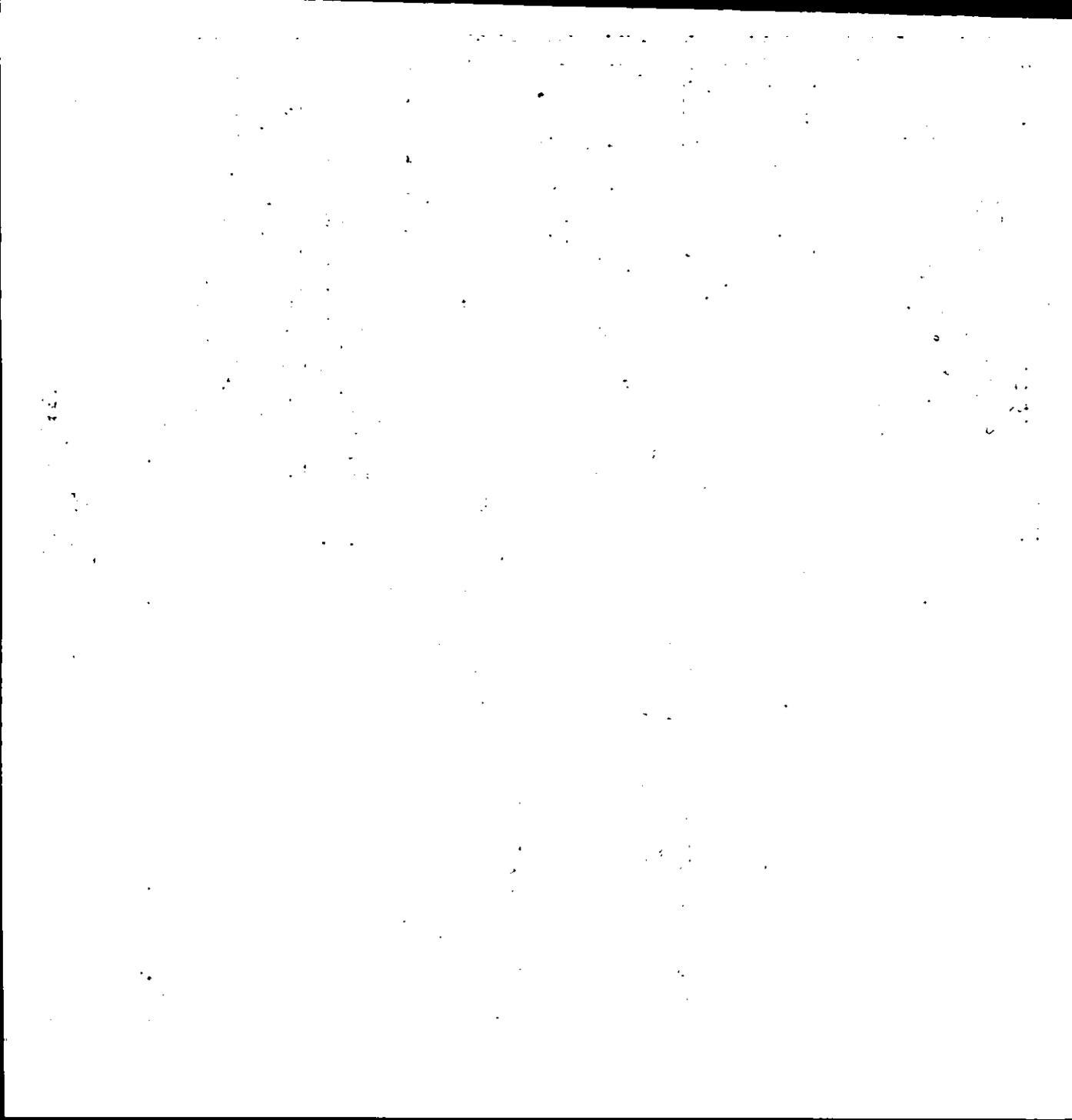
23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? --- Date of injury _____, 19 _____

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) B. E. Goff, M. D.
 (Address) Salem Mo



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

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County DeWitt Registration District No. 266
Township _____ Primary Registration District No. 4164
City Salem (No. _____) St. _____ Ward _____

File No. 16212
Registered No. 29

2. FULL NAME William Edward Rudd

(a) Residence, No. Salem no St. _____ Ward _____
(Usual place of abode)
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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 3 1870
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 66 9 19

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Physician
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. in General Practice
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) Hartsville, Wright Co, Mo
13. NAME P. W. Rudd
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) North Carolina
15. MAIDEN NAME Leahal Massimer
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

17. INFORMANT (ADDRESS) Carrie E. Rudd, Salem
18. BURIAL, CREMATION, OR REMOVAL PLACE Cedar Grove DATE Apr 25 1937

19. UNDERTAKER (ADDRESS) Carl K. Spencer, Salem
20. FILED April 25 1937 A. E. Butler, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 22 1937

22. I HEREBY CERTIFY, That I attended deceased from Apr 5 1937 to Apr 22 1937
I last saw him alive on April 22 1937. Death is said to have occurred on the date stated above, at 7 P.M.
The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis
Myocarditis
Atherosclerosis
Other contributory causes of importance: _____

Name of operation none Date of _____
What test confirmed diagnosis? Clinical as 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) R. E. Joseph, M. D.
(Address) Salem Mo

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

5-16212