

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.

AUG 31 1937

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

Do not use this space.

1. PLACE OF DEATH

County

Township

City

(No.

Registration District No.

Primary Registration District No.

St.

Ward)

2. FULL NAME

(a) Residence, No.

St.

Ward.

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

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

Mrs Carrie M Rule

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

May 16 1868

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

OCCUPATION

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

Retired

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)

Rolla Mo

13. NAME

James C. Rule

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

Rolla Mo

15. MAIDEN NAME

Melvina Seely

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

Rolla Mo

17. INFORMANT (ADDRESS)

Mrs B. E. Rule
Clarence Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE

DATE

Maplewood Aug 10 1937

19. UNDERTAKER (ADDRESS)

Hamilton and Co
Clarence Mo

20. FILED

8/10 1937 Roy Hamilton

Registrar.

MEDICAL CERTIFICATE OF DEATH

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

Aug 8 1937

22. I HEREBY CERTIFY, That I attended deceased from

Mar 1927, to Aug 8 1937

I last saw him alive on Aug 7 1937. Death is said

to have occurred on the date stated above, at 8:15 p.m.

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

chronic myocarditis

Date of onset
1930

Other contributory causes of importance:

Cerebral apoplexy with
R. hemiplegia 1933

Name of operation none Date of

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following

Accident, suicide, or homicide? no Date of injury none 19

Where did injury occur? no
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury none

Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) D. L. Hanson, M. D.

(Address)

Clarence, Mo

