SEP 27 1937

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

Do not use this space.

File No. 32080
Registered No. 229

**1. PLACE OF DEATH**
County Vernon
Township Wash
City Nevada (No. ..... St. ..... Ward)
Registration District No. 875
Primary Registration District No. 6162

**2. FULL NAME** Lee Rudisaw
(a) Residence, No. Mc Hoy Apt #3 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. 11 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): widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) ? 1865

7. AGE: Years 72 Months 2 Days 9 If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chronic invalid
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) ? Polk Co.

FATHER
13. NAME
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ?

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ?

17. INFORMANT (ADDRESS) Co. Clerk ?

18. BURIAL, CREMATION, OR REMOVAL
PLACE Bolivar DATE Sept. 3 1937

19. UNDERTAKER (ADDRESS) Hutcheson - Blue

20. FILED Sept. 3 1937 Allen V. Hayes Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 3, 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug. 17, 1937, to Sept. 3, 1937
I last saw ~~him~~ alive on ....., 1937. Death is said to have occurred on the date stated above, at 1:20 P.M.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Arteriosclerosis with hypertension | ? |
| 93 | |

Other contributory causes of importance:
Chronic myocarditis

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) I. I. O'Dell M. D.
(Address) Nevada

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.