

NOV 19 1937

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

Do not use this space.

38211

1. PLACE OF DEATH

County Marion
Township Marion
City Hannibal

Registration District No. 547
Primary Registration District No. 3029
(No. 106 S. Hawkins)

File No. _____
Registered No. 309
St. _____ Ward _____

2. FULL NAME Claude Edmund Rudd

(a) Residence, No. 106 S. Hawkins 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
6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ina Vera Rudd

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 20, 1900
7. AGE YEARS 37 MONTHS 4 DAYS 22
If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Engineer of High School
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) Slater Missouri

13. NAME Edward Rudd

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

15. MAIDEN NAME

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

17. INFORMANT Mrs. Claude E. Rudd
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt Olivet Cemetery DATE Oct 14, 1937

19. UNDERTAKER Wm M. Smith
(ADDRESS) Hannibal, Mo

20. FILED Oct 15, 1937 St. O. Fisher
Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from 10-12, 1937 to 10-12, 1937

I last saw him alive on 10-12, 1937. Death is said to have occurred on the date stated above, at 10 AM.

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

Coronary thrombosis Date of onset 10-12-37

Other contributory causes of importance: 94B

Name of operation none Date of _____

What test confirmed diagnosis? _____ 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) Howard A. Erdreit, M. D.

(Address) Hannibal, Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S SIGNATURE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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Claude E. Rudd

