

DEC 15 1937

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

Do not use this space.

1. PLACE OF DEATH
 County Butler Registration District No. 39
 Township Toplar Bluff Primary Registration District No. 3007
 City Toplar Bluff (No. Brandon Hospital) St. _____ Ward _____

2. FULL NAME Rufus Rummels
 (a) Residence, No. _____ 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. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

File No. 40783
 Registered No. 272
 St. _____ Ward _____

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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 Olga Rummels

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) About 1884

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day,hrs. ormin.
<u>53</u>				

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. Own farm

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) Mo.

13. NAME Geo. W. Rummels

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

15. MAIDEN NAME Mary M^c New

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

17. INFORMANT George Rummels
(ADDRESS) Campbell R.R.

18. BURIAL, CREMATION, OR REMOVAL PLACE Campbell DATE Nov 26 1937

19. UNDERTAKER Brandon Funeral Home
(ADDRESS) Campbell Mo.

20. FILED 11/26/37 W. C. Strang
Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 24 1937

I HEREBY CERTIFY That I attended deceased from Nov. 21 1937 to Nov. 24 1937

I last saw him alive on Nov. 24 1937 at 8:30 P. Death is said to have occurred on the date stated above, at 8:30 P.

The principal cause of death and related causes of importance were as follows:
Lobar pneumonia
Toxic myocarditis
Syphilis

Other contributory causes of importance: ?

Name of operation _____ Date of _____
 What test confirmed diagnosis? 24 Was 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? No
 If so, specify _____
 (Signed) L. P. Meier M. D.
 (Address) Toplar Bluff Mo.

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

