

REC'D MAY 20 1938

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

Do not use this space.

15158

1. PLACE OF DEATH
 County Franklin Registration District No. 502
 Township Marceline Primary Registration District No. 4305 St. _____ Ward _____
 City Marceline (No. _____) Registered No. 12

2. FULL NAME Rush Floyd Raudreth 536
 (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 68 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 (write the word) widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 7 1848

7. AGE YEARS 89 MONTHS 4 DAYS 26 If LESS than 1 day, _____ hrs. or _____ min.

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.

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

12. BIRTHPLACE (CITY OR TOWN) Hillsville (STATE OR COUNTRY) va

13. NAME Stephen Raudreth

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

15. MAIDEN NAME Elsie Bayant

16. BIRTHPLACE (CITY OR TOWN) Westmoreland Co (STATE OR COUNTRY) va

17. INFORMANT Floyd Newman (ADDRESS) Marceline Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Olivet DATE Apr 5 1938

19. UNDERTAKER Jas. McLaughlin (ADDRESS) Marceline Mo

20. FILED 4/5 1938 Oliver P. Bassett Registrar. 45

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 3 1938

22. I HEREBY CERTIFY, That I attended deceased from March 29 1938, to Apr 3 1938

I last saw him alive on Apr 3 1938. Death is said to have occurred on the date stated above, at 11:15 P.

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

Chr. Degenerative Myocarditis Date of onset _____

Other contributory causes of importance: 131

Arterio-sclerosis
Chronic Nephritis
Senility

Name of operation _____ Date of _____

What test confirmed diagnosis? clin 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) M. L. DeKraeger, M. D.

(Address) Marceline Mo.

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.

