

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

Do not use this space.

RECD AUG 26 1938

1. PLACE OF DEATH
 County Scotland Co. Registration District No. 811
 Township Sand Field Primary Registration District No. 4489
 City RUTLEDGE, MISSOURI (Rt. No. 11.5) St. _____ Ward _____

2. FULL NAME CHARLES HENRY HUSTEAD 233

(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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

File No. 26610
 Registered No. 3

PERSONAL AND STATISTICAL PARTICULARS

3. SEX MALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) SINGLE

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) DECEMBER 17, 1867

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
70 7 3

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. P. AINTER
 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) VANDALIA, ILLINOIS

FATHER
 13. NAME DANIEL H. HUSTEAD
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MISSOURI

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

17. INFORMANT ROBERT HUSTEAD RUTLEDGE, MISSOURI
 (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
 PLACE HARMONY GROVE DATE JULY 22, 1938

19. UNDERTAKER BALLEE UNDERTAKING CO.
 (ADDRESS) RUTLEDGE, MISSOURI

20. FILED July 22, 1938 Mary Lee Thome
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/21, 1938

22. I HEREBY CERTIFY, That I attended deceased from 1/2, 1938, to 7/21, 1938
 I last saw him alive on 7/21, 1938. Death is said to have occurred on the date stated above, at 11:10 P.M.
 The principal cause of death and related causes of importance were as follows:
Chronic valvular Heart disease
mitral stenosis
(Pneumonia) Date of onset _____

Other contributory causes of importance: 92a

Name of operation _____ Date of _____
 What test confirmed diagnosis Obi. Symptoms 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) Dr. E. S. Dennis, M. D.
 (Address) Rutledge Mo.

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

