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

AUG 22 1939

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

Do not use this space.

1. PLACE OF DEATH
County Reynolds
Township Webb
City ..... (No. ....., ... St. ..... Ward)

Registration District No. 1108
Primary Registration District No. 5986

File No. 26650
Registered No. 6

2. FULL NAME James Howard Rutter
(a) Residence No. ..... St., ... Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 41 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M.
4. COLOR OR RACE W.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married.
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~(OR) WIFE OF~~ Nancy Jane Rutter
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 2, 1856
7. AGE YEARS 82 MONTHS 6 DAYS 15 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
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) 1936
11. Total time (years) spent in this occupation 1

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind. 1

FATHER
13. NAME Harve Rutter 9
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind. 1

MOTHER
15. MAIDEN NAME Not Known
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not Known

17. INFORMANT (ADDRESS) Kenneth Rutter Annapolis, Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Marlow Cemetery near Annapolis, Mo DATE Jan. 18, 1939
19. UNDERTAKER (ADDRESS) None
20. FILED Jan 15, 1939 T. C. Pilks M.D. Registrar. 1.73

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 17, 1939
22. I HEREBY CERTIFY, That I attended deceased from Dec 16, 1938, to Jan. 17, 1939
I last saw him alive on Dec 16, 1938. Death is said to have occurred on the date stated above, at 1:30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Anemia	
92	

Other contributory causes of importance:
Aortic insufficiency

Name of operation None Date of
What test confirmed diagnosis? Physical examination 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) C. M. Fitzpatrick, M. D.
(Address) Esterville Mo

RECEIVED
District Health Officer No. 5,
District File Number 639 56
Date Filed 17039