

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

Do not use this space.

12571

FILED APR 25 1940

1. PLACE OF DEATH

County Scotland
Township JEFFERSON
City Memphis

Registration District No. 810
Primary Registration District No. 6055-

File No.
Registered No. 18
St. Ward)

2. FULL NAME

357 Esther Hyde Rudy 2
(a) Residence. No. Scotland, Mo. St. O 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND or (OR) WIFE of Ira Rudy.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 10 1867

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
73 3 0

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer).....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Scotland County Mo
(STATE OR COUNTRY) Mo O

10. NAME OF FATHER W. H. Hyde

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Adrian, Ohio
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Phoebe Edwards

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Adrian, Ohio
(STATE OR COUNTRY)

14. INFORMANT Ira Rudy 725
(Address) Memphis, Mo

15. Apr 18 1940 E. E. Farnish
FILED APR 18 1940 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 10, 1940

17. I HEREBY CERTIFY That I attended deceased from July 29, 1939 to Apr 10, 1940
that I last saw her alive on Apr 7, 1940, and that death occurred, on the date stated above, at 2:00 A. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Myocardial Decompensation
coronary artery disease

(duration) 2 yrs. mos. da.

CONTRIBUTORY (SECONDARY) Nephritis
(duration) 2 yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH..... 131

DID AN OPERATION PRECEDE DEATH?..... DATE OF.....

WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS? Physical exam
(Signed) E. S. McFellan M. D.
, 19 (Address) Memphis, Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Brock cemetery DATE OF BURIAL 4/11/1940

20. UMBERTAKER W. H. Payne Sons ADDRESS Memphis

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.

