

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

PLACE OF DEATH

County Jackson

Township _____

Registration District No. 399

File No. 5507

Village _____

Primary Registration District No. 1002

Registered No. 722

City Spokane City

(NO General Hospital St.)

Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number]

FULL NAME Charley A Rutledge

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX Male COLOR OR RACE White SINGLE MARRIED WIDOWED OR DIVORCED Single
(Write the word)

DATE OF DEATH Feb 28 1912
(Month) (Day) (Year)

DATE OF BIRTH Aug 14 1866
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from as coroner 1911, to _____, 1911,

AGE 45 yrs. 6 mos. 14 ds. IF LESS than 1 day, _____ hrs. or _____ min.?

that I last saw h. _____ alive on _____, 1911, and that death occurred, on the date stated above, at 10 m.

OCCUPATION (a) Trade, profession, or particular kind of work Carpenter
(b) General nature of industry, business, or establishment in which employed (or employer) _____

The CAUSE OF DEATH* was as follows:
Fractured skull
1850
1914 Accidental.

BIRTHPLACE (City or town, State or foreign country) Ill 5-01

(Duration) _____ yrs. _____ mos. _____ ds.

NAME OF FATHER Henry C Rutledge

Contributory Fight & fall on sidewalk
(Secondary) Duration _____ yrs. _____ mos. _____ ds.

BIRTHPLACE OF FATHER (City or town, State or foreign country) Ill

(Signed) Harry G. Gentry M. D.
2/29/1912 (Address) Combs St

MAIDEN NAME OF MOTHER Sarah Rutledge

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

BIRTHPLACE OF MOTHER (City or town, State or foreign country) Ill

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RESIDENTS)
At place of death _____ yrs. _____ mos. 9 ds. In the State _____ yrs. _____ mos. _____ ds.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs J. W. Sellers

Where was disease contracted if not at place of death? Brooklyn
Former or usual residence 2411 Perry Ave

(ADDRESS) Livingston Mont.
Filed FEB 29 1912 W. J. Wheeler REGISTRAR

PLACE OF BURIAL OR REMOVAL W. Washington DATE OF BURIAL March 1, 1912
ADDRESS 2109 69th
UNDERTAKER H. W. Newcomer

MARGIN RESERVED FOR BINING
WRITE PLAINLY, WITH UNFADING-INK—THIS IS A PERMANENT RECORD
V. S. No. 2.

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.

Revised United States Standard Certificate of Death

[Approved by U. S. Census and American Public Health
Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma*, *Sar-*

coma, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)



WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

MISSOURI STATE BOARD OF HEALTH

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

PLACE OF DEATH
County Jackson
Township _____
or
Village _____
or
City Kansas City (No. General Hospital)

Registration District No. 399 File No. 5507
Primary Registration District No. 1002 Registered No. 722
Ward _____

[If death occurred in a hospital or institution, give its NAME instead of street and number]

FULL NAME Charley H. Rutledge

PERSONAL AND STATISTICAL PARTICULARS

SEX male COLOR OR RACE white SINGLE MARRIED WIDOWED OR DIVORCED Single
(If write the word)
DATE OF BIRTH Aug. 14, 1866
(Month) (Day) (Year)
AGE 45 yrs. 6 mos. 14 ds. IF LESS than 1 day, ___ hrs or ___ min.?

OCCUPATION
(a) Trade, profession, or particular kind of work Carpenter
(b) General nature of industry, business, or establishment in which employed (or employer) _____

BIRTHPLACE
(City or town, State or foreign country) Ill.

PARENTS
NAME OF FATHER Hillery Rutledge
BIRTHPLACE OF FATHER (City or town, State or foreign country) Ill.
MAIDEN NAME OF MOTHER Sarah, unknown
BIRTHPLACE OF MOTHER (City or town, State or foreign country) Ill.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs. J. W. Sells
(ADDRESS) Livingston, Mont.

Filed APR 9 1912 H. L. Wheeler
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. 28, 1912
(Month) (Day) (Year)
I HEREBY CERTIFY, that I attended deceased from at home, 1912, to _____, 1912, that I last saw him alive _____, 1912, and that death occurred, on the date stated above, at 1 P. a.m.

The CAUSE OF DEATH* was as follows:
fractured skull
accidental
(Duration) _____ yrs. _____ mos. _____ ds.

Contributory fight + fall on side walk
(Secondary) (Duration) _____ yrs. _____ mos. _____ ds.
(Signed) Harry Garlinker M. D.
2/29, 1912 (Address) Com. Bldg. N.C.
*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death _____ yrs. _____ mos. 7 ds. In the st State _____ yrs. _____ mos. _____ ds.
Where was disease contracted If not at place of death? 9th & Brooklyn
Former or usual residence 2411 Perry Ave

PLACE OF BURIAL OR REMOVAL Mt Washington DATE OF BURIAL March, 1912
UNDERTAKER D. W. Newcomer ADDRESS 2109 E. 9th

Original file, date 5/29, 1912 All information called for must be written on this Supplementary Certificate.

Revised United States Standard Certificate of Death

[Approved by U. S. Census and American Public Health Association]

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