

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.

PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH	
PLACE OF DEATH County <u>Andrain</u> Township <u>South</u> or Village or City <u>Mexico</u> (No. <u>South Calhoun</u> St. <u>4</u> Ward)			MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH	
FULL NAME <u>Joseph Rutter</u>			Registration District No. <u>96</u> File No. <u>19398</u> Primary Registration District No. <u>3000</u> Registered No. <u>57</u>	
SEX <u>Male</u>	COLOR OR RACE <u>White</u>	Single Married WIDOWED Divorced (Write the word) <u>widowed</u>	DATE OF DEATH <u>June 14</u> " <u>1912</u> (Month) (Day) (Year)	
DATE OF BIRTH <u>Aug 11</u> <u>1841</u> (Month) (Day) (Year)			I HEREBY CERTIFY, that I attended deceased from <u>June 11</u> , 1912, to <u>June 14</u> , 1912, that I last saw him live on <u>June 13</u> , 1912, and that death occurred, on the date stated above, at <u>3:20</u> p.m.	
AGE <u>70</u> yrs. <u>10</u> mos. <u>4</u> ds.			The CAUSE OF DEATH* was as follows: <u>Paralysis</u> <u>81 A</u>	
OCCUPATION (a) Trade, profession, or particular kind of work <u>Famer</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>retired</u>			(Duration) _____ yrs. _____ mos. _____ ds.	
BIRTHPLACE (City or town, State or foreign country) <u>near Quincy Ill</u>			Contributory (SECONDARY) (Duration) _____ yrs. _____ mos. _____ ds.	
PARENTS	NAME OF FATHER <u>Hiram Rutter</u>		(Signed) <u>James A. Green</u> M. D.	
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Don't know</u>		<u>June 11</u> , 1912 (Address) <u>Mexico Mo</u>	
	MAIDEN NAME OF MOTHER <u>Don't know</u>		*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) <u>Don't know</u>		LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds.	
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <u>E. J. Rutter</u> (ADDRESS) <u>Mexico Mo</u>			Where was disease contracted if not at place of death? Former or usual residence _____	
Filed <u>June 14</u> , 1912, <u>W. Wallace</u> REGISTRAR			PLACE OF BURIAL OR REMOVAL <u>Lockridge Cemetery</u> UNDERTAKER <u>W. W. Brown Co</u> <u>J. M. Greer</u> no	
			DATE OF BURIAL <u>June 14</u> , 1912 ADDRESS <u>Mexico Mo</u>	

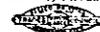
Revised United States Standard Certificate of Death

[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*, *Composer*, *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.)



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

PLACE OF DEATH

County Andrain

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

Registration District No. 26 File No. 19398

Township _____

Village _____

Primary Registration District No. 3102 Registered No. 57

City Mexico

(NO. _____) St. _____ Ward _____

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

FULL NAME

Joseph Rutter

PERSONAL AND STATISTICAL PARTICULARS

SEX m COLOR OR RACE w SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) wid

DATE OF BIRTH Aug 11, 1941
(Month) (Day) (Year)

AGE 70 yrs. 10 mos. 4 ds. If LESS than 1 day, _____ hrs. or _____ min.

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

BIRTHPLACE near Summit
(City or town, State or foreign country)

NAME OF FATHER Herbert Rutter

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

MAIDEN NAME OF MOTHER _____

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

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) E. J. Rutter

(ADDRESS) Mexico Mo

Filed Aug 12 1941 W. Wallace Seay REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 14, 1942
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from April, 1942, to June 14, 1942, that I last saw him alive on June 13, 1942, and that death occurred, on the date stated above, at 334 P.

The CAUSE OF DEATH* was as follows:
Paralysis acute ascending
(Duration) _____ yrs. _____ mos. _____ ds.

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

(Signed) James O. Green M. D.
8-20 - 1942 (Address) Mexico Mo

*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. _____ ds. In the State _____ yrs. _____ mos. _____ ds.

Where was disease contracted if not at place of death? _____

Former or usual residence _____

PLACE OF BURIAL OR REMOVAL Lockridge Cem DATE OF BURIAL June 16, 1942

UNDERTAKER J. M. Green ADDRESS Mexico Mo

Original file, date JUN 14 1942 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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