

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

Do not use this space.

11304-6

JUN 25 1927

1. PLACE OF DEATH

County Dade Registration District No. 237  
Township Center Primary Registration District No. 1144  
City Greenfield Mo. (No. ....) St. .... Ward)

File No. ....  
Registered No. 7  
St. .... Ward)

2. FULL NAME

Hugh Rutledge  
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE Colored 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) July 5, 1882

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
44 7 22

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Hotel Porter  
(b) General nature of industry, business, or establishment in which employed (or employer)  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Greenfield Mo.  
(STATE OR COUNTRY)

10. NAME OF FATHER Sam Rutledge

11. BIRTHPLACE OF FATHER (CITY OR TOWN) North Carolina  
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Lucy M. Goe

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Missouri  
(STATE OR COUNTRY)

14. INFORMANT Mag Nowling  
(Address) Kansas City Mo.

15. FILED 5-2 19 27 B. B. Ball  
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 21, 1927

17. I HEREBY CERTIFY That I attended deceased from April 21 to April 21, 1927  
that I last saw him alive on April 21, 1927, and that death occurred, on the date stated above, at Greenfield Mo.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

440 Caecum & Stomach  
440

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH, .....

3 DID AN OPERATION PRECEDE DEATH? Yes DATE OF 1923

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Exploratory Operation

(Signed) Olas A. George M. D.

, 19 (Address) Springfield 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

Greenfield Cemetery

DATE OF BURIAL

Apr. 29 19 27

20. UNDERTAKER

J. W. Ward

ADDRESS

Greenfield Mo

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.

