

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

Do not use this space.

40007

JAN 22 1929

1. PLACE OF DEATH

County Cooper
Township Palmetto
City (No.)

Registration District No. 219
Primary Registration District No. 5301

File No. 2a
Registered No. 40
St. Ward)

2. FULL NAME

Mary Susan Rudolph
(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. 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) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF John W. Rudolph

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 12th 1847

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ... hrs. or ... min.
81 10 9

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)

9. BIRTHPLACE (CITY OR TOWN) Overton
(STATE OR COUNTRY) Cooper County Mo.

PARENTS
10. NAME OF FATHER Granville Duncanson
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Kentucky
12. MAIDEN NAME OF MOTHER Elizabeth Koontz
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Virginia

14. INFORMANT Mrs. B. E. Walls
(Address) Ft. Gibson Okla.

15. FILED 1/7, 1929 Harris Papp
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 21st 1928

17. I HEREBY CERTIFY That I attended deceased from Dec. 10, 1928, to Dec. 21, 1928 that I last saw him alive on Dec. 10, 1928, and that death occurred, on the date stated above, at 11⁴⁰ Overton, Mo.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Myocarditis
930 (duration) yrs. mos. da. 11 da.
CONTRIBUTORY (SECONDARY) 1018 (duration) yrs. mos. da.

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

DID AN OPERATION PRECEDE DEATH? No. DATE OF

WAS THERE AN AUTOPSY? No.

WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) J. H. Smiley, M. D.

Dec. 23, 1928 (Address) Boonville, 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 Walnut Grove Camp DATE OF BURIAL 23rd 1928
Boonville

20. UNDERTAKER Schwitzky Meister ADDRESS Boonville Mo

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.

