

SEP 26 1930

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

Do not use this space.

27541

1. PLACE OF DEATH

County Phelps  
Township.....  
City Rolla

Registration District No. 677  
Primary Registration District No. 440.3

File No.....  
Registered No. 58  
St. .... Ward)

2. FULL NAME Sarah A. Rutherford

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>(Widow)</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Rutherford</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>June 10, 1841</u>		
7. AGE YEARS <u>89</u>	MONTHS <u>2</u>	DAYS <u>20</u>
IF LESS than 1 day, ..... hrs. or ..... min.		

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 30 1930

17. I HEREBY CERTIFY, That I attended deceased from Aug 29 Aug 30, 1930, to Aug 30 6, 1930 that I last saw h. or alive on Aug 30, 1930, and that death occurred, on the date stated above, at 12:41 m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

hemiparesis and Hordern's

53E

97 (duration) 8 yrs. mos. ds.

CONTRIBUTORY arterio sclerosis (SECONDARY)

(duration) 2 1/2 yrs. mos. ds.

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? none

(Signed) Geo. W. Honam, M. D.

Aug 31, 1930 (Address) Rolla 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.

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).....

(STATE OR COUNTRY) Tenn

PARENTS

10. NAME OF FATHER John Pierson

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

12. MAIDEN NAME OF MOTHER Martha Fleming

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

14. INFORMANT James Porter.

(Address) Rolla, Mo. . .

15. FILED Aug 31, 1930 Geo. F. Myers REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

Rolla Cemetery DATE OF BURIAL Aug 31 1930

20. UNDERTAKER

Mill & Licklider ADDRESS Rolla, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. PHYSICIANS should state how severe the patient's RACILITY. PHYSICIANS should state

