

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

Do not use this space.

42126

1. PLACE OF DEATH

County St. Louis
Township Carondelet
City Roch. (No. R. Roch. 2710.)

Registration District No. 1123
Primary Registration District No. 6248 B

File No. _____
Registered No. 460
St. _____ Ward)

2. FULL NAME

Lovie Rutland

(a) Residence. No. 4212 Oakland St., _____ Ward. _____
(Usual place of abode)

Length of residence in city or town where death occurred 2 yrs. 7 mos. 28 ds. How long in U. S., if of foreign birth? yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF George Rutland

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 7, 1905

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
<u>26</u>	<u>—</u>	<u>—</u>	<u>20</u>	

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) Tennessee

10. NAME OF FATHER

Land K. Jones

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Unknown

12. MAIDEN NAME OF MOTHER

Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) Mississippi

14.

INFORMANT Koch Records
(Address) Koch mo.

15.

FILED Nov 29 19 31 L. C. Obrade
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 27 1931

17. I HEREBY CERTIFY, That I attended deceased from April 27, 1927, to Dec 27, 1931, that I last saw h.e.r. alive on Dec 27, 1931, and that death occurred, on the date stated above, at 11:00 P. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pulmonary Tuberculosis
23A (duration) 3 yrs. ____ mos. ____ ds.

CONTRIBUTORY (SECONDARY)

(duration) ____ yrs. ____ mos. ____ ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH Not known

DID AN OPERATION PRECEDE DEATH? no. DATE OF _____

WAS THERE AN AUTOPSY? yes

WHAT TEST CONFIRMED DIAGNOSIS? Autopsy

(Signed) Arthur Whitaker, M. D.

, 19 (Address) Koch Hospital, Koch, 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

Father, Dickson DATE OF BURIAL Dec 30 1931

20. UNDERTAKER

Pope & English ADDRESS 2931 Lucas

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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

