

20111

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

Do not use this space.

B

33121-2

1. PLACE OF DEATH

78 County Linne
7 Township Steele
2 City Steele (No. St. Ward)

Registration District No. 655
Primary Registration District No. 4392

File No.
Registered No.

2. FULL NAME

Dessie Madeline Rutledge

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

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Child

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 16-1930

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
2 11 7

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cooter 1

13. NAME H. D. Rutledge 1

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cottonwood Mo

15. MAIDEN NAME Hattie Barker Mo

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Steele Mo

17. INFORMANT (ADDRESS) H. D. Rutledge Steele Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Holy Com. DATE 10-24-33

19. UNDERTAKER (ADDRESS) Max P. Kelly Steele Mo

20. FILED 1/9 1933 Max P. Kelly Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-23-33 1933

22. I HEREBY CERTIFY, That I attended deceased from 10/22/32, 19... to 10/23/32, 19... I last saw her alive on 10/23/32, 19... Death is said to have occurred on the date stated above, at 2:30 p.m.
The principal cause of death and related causes of importance were as follows:

Diphtheria

Date of onset

Other contributory causes importance: 10 10 10

Name of operation no Date of
What test confirmed no (Specify type of test) there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) J. W. Robbins M. D.
(Address) Steele 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.

