

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

Do not use this space.

2529

1. PLACE OF DEATH

74 County Madison
9 Township Polk
7 City Marysville (No. 1000)

Registration District No. 625
Primary Registration District No. 3031

File No. _____
Registered No. 4
St. _____ Ward _____

2. FULL NAME

Edward Lee 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Charlotte Alice Rutledge</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Mar 8 1863</u>		
7. AGE YEARS <u>69</u>	MONTHS <u>9</u>	DAYS <u>29</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired Minister</u>		
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) <u>Mc Donald Co Ill</u>
FATHER 13. NAME <u>Richard Rutledge</u>
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ill</u>
MOTHER 15. MAIDEN NAME <u>Emily Kirby</u>
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Delaware</u>
17. INFORMANT <u>Charlotte Alice Rutledge</u> (ADDRESS) <u>Marysville Mo</u>
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Breckwidge Mo</u> DATE <u>Jan 10 1933</u>
19. UNDERTAKER <u>Campbell Funeral Home</u> (ADDRESS) <u>Marysville Mo</u>
20. FILED <u>7-9</u> 19 <u>32</u> <u>Mamie E Clardy</u> Registry

2. MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 7th 1933
22. I HEREBY CERTIFY That I attended deceased from April 10th 1931, to Jan 7th 1933
I last saw him alive on Jan 7th 1933. Death is said to have occurred on the date stated above, at 11 A. m.

The principal cause of death and related causes of importance were as follows:
Angina Pectoris
Arteriosclerosis
Date of onset 1-7-33
1930

Name of operation none Date of _____
What test confirmed diagnosis? Symptoms Was 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? No
If so, specify _____
(Signed) Chas. V. Martin, M. D.
(Address) Maryville Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified.

417 29

1-9-33

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