

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

Do not use this space.

35561

1. PLACE OF DEATH

County Aitchison Registration District No. 19
Township 6th Primary Registration District No. 4013
City Rock Port (No. _____) St. _____ Ward _____

File No. _____

Registered No. _____

2. FULL NAME Ida Elsie Rundle

(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 Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF David B. Rundle

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 29 - 1856

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
76 25 10 19

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

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) Jamestown, Wis.

13. NAME David B. Rundle

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Albia, Ia

15. MAIDEN NAME Martha Ann Miles

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ird.

17. INFORMANT Jessie P. Clepton Rock Port Mo
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Kingston Cemetery DATE Nov. 20 1933

19. UNDERTAKER Wm. J. Barschallom
(ADDRESS) Rock Port Mo.

20. FILED 11-30 1933 Mary J. Chamberlain
Registrar

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-18 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 17th 1933, to Nov 18th 1933

I last saw h. alive on Nov 17th 1933. Death is said to have occurred on the date stated above, at 12:40 PM

The principal cause of death and related causes of importance were as follows:

Hemiplegia Date of onset _____
82 D
102

Other contributory causes of importance: Hypertension

Name of operation _____ Date of _____
What test confirmed diagnosis? None 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) E. A. Dennis M. D.
(Address) Rock Port 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.

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

JAN 5 1934

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