

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

Do not use this space.

4468

1. PLACE OF DEATH

County St. Louis
Township Widewater
City Kennett (No. _____)

Registration District No. 288
Primary Registration District No. 4172

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

2. FULL NAME

William Francis Rudd
(a) Residence, No. 705 Oliver 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. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb-10-1933-

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,hrs. ormin.
		<u>11</u>	<u>16</u>	

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

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) Kennett (STATE OR COUNTRY) mo

13. NAME Amos Rudd

14. BIRTHPLACE (CITY OR TOWN) New Port (STATE OR COUNTRY) mo

15. MAIDEN NAME Para Luttrill

16. BIRTHPLACE (CITY OR TOWN) Rockport (STATE OR COUNTRY) Ind

17. INFORMANT Amos Rudd (ADDRESS) Kennett, mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Wash DATE Feb 26 1934

19. UNDERTAKER Baldwin Funeral Home (ADDRESS) Kennett, mo

20. FILED 3-14 1934 White Davis Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb-25 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb 20 1934 to Feb 24 1934

I last saw alive on 2-24 1934. Death is said to have occurred on the date stated above, at 2:40 p.m.

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

Branchial Aneurysm Date of onset _____

Other contributory causes of importance: _____

Name of operation none Date of _____

What test confirmed diagnosis? _____ 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? _____ If so, specify _____

(Signed) James Staley, M. D.

(Address) Kennett mo

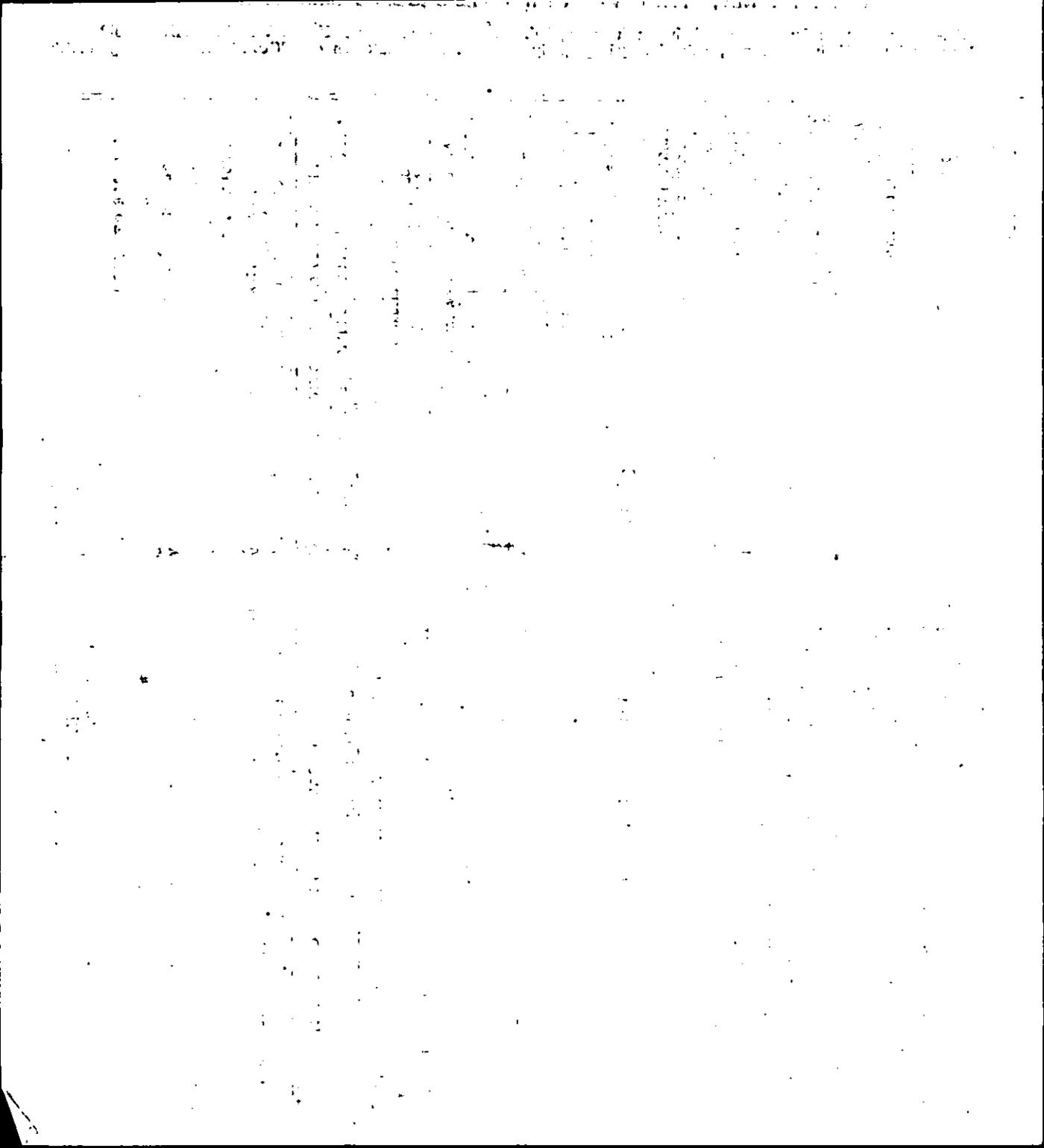
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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

1934

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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS 4468

E. T. McGaugh, M. D.,
Special Agent,
Jefferson City, Mo.

WASHINGTON

Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: William Francis Rudd
Who died at _____ on Feb - 25 - 1934
Residence: No. _____ St. _____
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____
Sex M Color or race W Single, married, widowed or divorced: _____

Date of birth _____ Age: Years _____ Months 11 Days 16

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. (b) Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation: Month _____ Year _____

Birthplace (State or country) _____

Birthplace of father (State or country) _____

Birthplace of mother (State or country) _____

Principal cause of death: Bronchial Pneumonia Measles

Other contributory causes of importance _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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 _____

Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

Name of physician _____

Address of physician _____

Signature of Registrar Arthur Davis Date filed _____

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Reg. Dist. No. 288

Very truly yours,

Primary Reg. Dist. No. 4172

E. T. McGaugh, M.D.
Special Agent. 12

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