

PLACE OF DEATH

STATE OF MICHIGAN

Department of State—Division of Vital Statistics

CERTIFICATE OF DEATH

County Hillsdale Co.
Township LeicesterVillage _____
City _____(No. Hillsdale Co Home)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)1. FULL NAME John Rudd

FEB 5 1920

(a) Residence No. _____ St. Ward _____
(Usual place of abode.) (If non-resident 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

MEDICAL CERTIFICATE OF DEATH

SEX Male Color or Race White 3 Single, Married, Widowed or Divorced (WRITE the word.) Widowed14 DATE OF DEATH (Month, day and year) Jan. 3 192015 If married, widowed, or divorced HUSBAND of _____ (or) WIFE of Bessie Rudd17 I HEREBY CERTIFY, That I attended deceased from Oct. 21 1919 to Jan 3 1920that I had seen him alive on Jan 1 1920 andthat death occurred on the date stated above at 9:30 P.M.16 DATE OF BIRTH (Month, day and year) Aug 5 1899

The CAUSE OF DEATH was as follows:

18 AGE Years 81 Months 4 Days 24 IF LESS than 1 day, hrs. OR min.valvular disease of heart.19 OCCUPATION OF DECEASED Retired Farmer(duration) 10 yrs.

(a) Trade, profession, or particular kind of work.

(b) General nature of industry, business, or establishment in which employed (or employer).

(c) Name of employer.

20 CONTEXTURE (Secondary) _____ (duration) _____ yrs. _____ mos. _____ da.

21 BIRTHPLACE (city or town) (State or country) England22 Where was disease contracted? If not at place of death? C22 NAME OF FATHER Don't know23 Was an epidemic probable death? No Date of _____24 Was there an autopsy? No21 BIRTHPLACE OF FATHER (city or town) (State or country) England25 What test confirmed diagnosis? Physical22 ALIEN NAME (Mother) Don't know(Signed) H. S. Miller M. D.Jan 3 1920 Hillsdale23 BIRTHPLACE OF MOTHER (city or town) (State or country) England

26 State the DISEASE CAUSING DEATH, or its cause, and (1) NERVOUS and NATURE of DISEASE, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for further instructions.)

24 Informant Chas Foster

27 PLACE OF BURIAL, CREMATION, OR REMOVAL Date of burial _____

(Address) Hillsdale MichJonestown Cem Jan 5 192025 File Jan 20 1920 A. B. Marble28 UNDERTAKER W. N. Hancock Jonestown26 W. H. Blount Sec Registrar.and Embalmer No 28