

REC'D SEP 21 1938

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

Dr. Musick  
Do not use this space.

28930

666

1. PLACE OF DEATH

39 County Greene  
3 Township  
6 City Missouri (No. 657 S. Grant)

Registration District No. 318  
Primary Registration District No. 2001

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

(a) Residence, No. Jahn Henry Rust 2301  
(Usual place of abode) Cabool, Mo. St. \_\_\_\_\_ Ward \_\_\_\_\_

Cabool Mo  
(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 Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) unmarried

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 5 1862

7. AGE YEARS 76 MONTHS 2 DAYS 23 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8. Trade, profession, or particular kind of work done, as farmer  
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 0

12. BIRTHPLACE (CITY OR TOWN) Texas Co. (STATE OR COUNTRY) Missouri

13. NAME Jahn Rust

14. BIRTHPLACE (CITY OR TOWN) Tennessee (STATE OR COUNTRY)

15. MAIDEN NAME Emeline Hunter

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

17. INFORMANT (ADDRESS) Mrs. C. E. Milgroz Ward  
Springfield, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Cabool, Mo. DATE Aug 30 38

19. UNDERTAKER (ADDRESS) Anna Johnson  
Springfield, Mo.

20. FILED Aug 30 1938 Chas A. George Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 28 1938

22. I HEREBY CERTIFY, That I attended deceased from 7, 25, 38, 19 to 8, 28, 38, 19.

I last saw him alive on 8, 27, 38, 19. Death is said to have occurred on the date stated above, at 9:40 a. m.

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

Cancer stomach

Date of onset 1938  
Don't know.

Other contributory causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis Phys-X-Ray Is 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. Musick M. D.  
Springfield, Missouri

(Address) 290

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

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.

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