

FEB 19 1935

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

Do not use this space.

1561

1. PLACE OF DEATH

County Jackson Registration District No. 399Township North Primary Registration District No. 1002City K. C. Mo. (No. ST. JOSEPH HOSP)

File No. _____

Registered No. _____

St. _____ Ward _____

2. FULL NAME Mrs R. S. Rust(a) Residence, No. _____ St. _____ Ward. HARDIN, 100

(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) Married5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF R. S. Rust6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 17, 19587. AGE YEARS 76 MONTHS 1 DAYS 12 If LESS than 1 day, _____ hrs. or _____ min.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) Ray, Co, Mo13. NAME Thos N. Hollard14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ray, Co, Mo15. MAIDEN NAME Narcissa Trichard16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ray, Co, Mo17. INFORMANT (ADDRESS) R. S. Rust
Hardin, Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE HARDIN DATE 1-30-193519. UNDERTAKER (ADDRESS) KNIPSCHILD
HARDIN, Mo20. FILED 1-28 1935 M. M. Cerow
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 29, 193522. I HEREBY CERTIFY, That I attended deceased from Jan 27th, 1935, to Jan 29, 1935I last saw her alive on 1/29/35 Death is saidto have occurred on the date stated above, at 1:00 A.M.

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

Acute pyelonephritis with general peritonitis. Date of onset _____Other contributory causes of importance: 1935Name 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? NO

If so, specify _____

(Signed) Reginal Hamilton, M. D.(Address) Ray, 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

