

JAN 25 1938

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

Do not use this space.

1. PLACE OF DEATH

County Texas Registration District No. 862
Township Budwin Primary Registration District No. 6133-
City Liberty (No. _____ St. _____ Ward)

File No. 46983

Registered No. 59

2. FULL NAME

Margaret Letha Rust

(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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>John H. Rust</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Aug 28, 1868</u>		
7. AGE	YEARS	MONTHS
	<u>69</u>	<u>3</u>
		DAYS
		<u>20</u>
		IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
MOTHER	10. Date deceased last worked at this occupation (month and year) <u>1924</u>	
	11. Total time (years) spent in this occupation <u>all of life</u>	
FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Texas</u>	
	13. NAME <u>J. P. Tucker</u>	
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tenn.</u>	
	15. MAIDEN NAME <u>Fannie</u>	
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tenn.</u>		
17. INFORMANT (ADDRESS) <u>John Rust, Cabool, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Pleasant Grove</u> DATE <u>Dec 19, 1937</u>		
19. UNDERTAKER (ADDRESS) <u>Layton, Mo.</u>		
20. FILED <u>Jan 10, 1938</u> <u>Mrs. Clois Cunningham</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 18, 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 16, 1937, to Dec 18, 1937.

I last saw him alive on Dec 17, 1937. Death is said

to have occurred on the date stated above, at 9 a. m.

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

Pulmonary T.B.

Date of onset

Other contributory causes of importance:
23

Name of operation _____ Date of _____

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

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. Cavalier, M. D.

(Address) Cabool, Mo.

