

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.

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

Do not use this space.

18015

1. PLACE OF DEATH

County GreeneRegistration District No. 318File No. 360Township SpringfieldPrimary Registration District No. 2001Registered No. 360City Springfield(No. St. John Hospital)St. St. John HospitalWard) St. John Hospital

2. FULL NAME

(a) Residence. No. Success Mo St. Success Mo Ward. Success 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

m

4. COLOR OR RACE

wh

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

child

5A. If MARRIED, WIDOWED, OR DIVORCED HUSBAND (OR) WIFE

child Virgil Rust

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

July 3, 1926

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

1114

8. OCCUPATION OF DECEASED

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

child

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Badu

10. NAME OF FATHER

Virgil Rust

PARENTS

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Badu

12. MAIDEN NAME OF MOTHER

Gladden

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Mo

14.

INFORMANT

(Address)

Virgil Rust

15.

FILED

6/14, 1927Oct 1st 1927

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR)

June 14, 1927

17.

I HEREBY CERTIFY, That I attended deceased from June 13, 1927 to June 14, 1927
that I last saw him alive on June 14, 1927 and that death occurred, on the date stated above at 7 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Strangulation from
beat in Trachea194h(duration) 1 yrs. 1 mos. 1 ds.

CONTRIBUTORY

(SECONDARY)

(duration) 1 yrs. 1 mos. 1 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH:

DID AN OPERATION PRECEDE DEATH?

yes DATE OF June 14, 1927

WAS THERE AN AUTOPSY?

yes

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed)

Dr. Edna M. D.

(Address)

6/14, 1927 Calbrook Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Success Mo.6/16, 1927

20. UNDERTAKER

ADDRESS

Alma SchreyerSPRINGFIELD, MO.

4102

Association.)

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ADDITIONAL SPACE FOR FURTHER STATEMENTS
BY PHYSICIAN.