

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.

39436

1. PLACE OF DEATH

County Texas
Township Morris
City Cabool (No.)

Registration District No. 18
Primary Registration District No. 6189

File No.
Registered No.
St. Ward)

2. FULL NAME

Wayne Rust
(a) Residence. No. St. Ward.
(Usual place of abode)

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. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS**3. SEX**m.**4. COLOR OR RACE**w.**5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)**single**5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF****6. DATE OF BIRTH (MONTH, DAY AND YEAR)**Feb 11 1921**7. AGE**

YEARS

MONTHS

DAYS

If LESS than 1
day, hrs.
or min.

8914**8. OCCUPATION OF DECEASED**

(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

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Caboolmo.**10. NAME OF FATHER**John Rust**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

(STATE OR COUNTRY)

Texas Co. mo.**12. MAIDEN NAME OF MOTHER**Daisy Laughlin**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

(STATE OR COUNTRY)

Texas Co. mo.**14.**

INFORMANT
(Address)

John RustCabool**15.**

FILED 12-5-29

C. C. Stranier

REGISTRAR

MEDICAL CERTIFICATE OF DEATH**16. DATE OF DEATH (MONTH, DAY AND YEAR)** Nov 25 1929

17. I HEREBY CERTIFY, That I attended deceased from not attend him Did
that I last saw him alive on, 19...., and that death occurred, on the date stated above, at, m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Don't know
Just saw him at death
200B
(duration) one yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? yes DATE OF Don't know

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed)

, 19 (Address)

J. J. Coats M. D.
Cabool 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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL**DATE OF BURIAL**

Hamilton Creek Cemetery Nov 26 1929

20. UNDERTAKER**ADDRESS**

Rayford V. Elliott Cabool mo

1-5

Gaylord V. Elliott
Funeral Director

Cabool and Houston, Mo.

Nov 27 1929

C. C. Francis
Bado Mo.

Dear Mr. Francis:

Enclosed you will find a death certificate which belongs in your township.

I am quiet sure the department will send it back , as the Doctors certificate will not satisfy them in the least. Dr. Coats was the last one saw him alive , and because others had seen him he sent me to get them to sign it , they refused on the grounds it was his case , and after a second trip he signed it as he has . So I have done my duty , and it will be up the department to get further dope if they need it.

Thanking you , I beg to remain

Yours Truly

Gaylord V. Elliott

5-39436