

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.

1. PLACE OF DEATH

County Jackson
Township Law
City St. Mo

Registration District No. 399

Primary Registration District No. 106

File No. 12745
Registered No. 1632
St. 13 Ward

2. FULL NAME

Mr. E. J. Rust Jr

(a) Residence. No. 3124 Forest St. 13 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

Male

4. COLOR OR RACE

White

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

Single

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

None

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

Aug-29-1913

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, ... hrs. or mls.

16

7

16

8. OCCUPATION OF DECEASED

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

Packer

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

E. H. Roberts

(c) Name of employer

Picture Co

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Missouri

10. NAME OF FATHER

Edward Rust

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Mayview Mo

12. MAIDEN NAME OF MOTHER

Nettie Newton

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Missouri

14.

INFORMANT

Mrs Nettie Rust

(Address)

3124 Forest

15.

FILED

4/16 1930 M. M. Groves

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

April-15 1930

17.

I HEREBY CERTIFY, That I attended deceased from

....., 19....., to....., 19....., 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:

Brain tumor
(non-malignant)
SHD

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH..... DATE OF.....

WAS THERE AN AUTOPSY? yes

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) Helen E. Lambaugh
4/16 1930 (Address) Carriev

*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

Blue Springs Cem

Apr. 17 1930

20. UNDERTAKER

A. P. Doehler

ADDRESS

1415 E 15

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Dr. Glenn. Corbairgh
531 Argyle Bldg
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