

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.

39498

1. PLACE OF DEATH

County Jackson
Township Rain
City Keosauqua

Registration District No. 4153
Primary Registration District No. Genessee

File No. 51170
Registered No. 51170
St. F Ward

2. FULL NAME

Edward J. Rust

(a) Residence, No. 4153 Genessee Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) widower

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 11-1861

7. AGE YEARS MONTHS DAYS IT LESS than 1 day, hrs. or min. 69 7 3

8. OCCUPATION OF DECEASED

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

10. NAME OF FATHER

no record

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) no record

12. MAIDEN NAME OF MOTHER

no record

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) no record

14.

INFORMANT L. L. Bradbury
(Address) 4153 Genessee K. C. Mo

15.

FILED 17 1930 M. D. Conner
REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 14 1930

17. I HEREBY CERTIFY, That I attended deceased from Nov 22 1930 to Dec 14 1930
that I last saw him alive on Dec 14 1930 and that death occurred, on the date stated above, at 8 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carcinoma of lips
and neck (right)
45th metastatic
53% (duration) 4 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 43 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? yes DATE OF Nov 22-30
WAS THERE AN AUTOPSY? yes
WHAT TEST CONFIRMED DIAGNOSIS? Laboratory
(Signed) E. Chase Nelson M. D.
12-14-1930 (Address) 200 Prof Rd

*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
Mt. Moriah Dec-16 1930

20. UNDERTAKER ADDRESS
Mrs. E. L. Forster K. C. Mo.

Professional Vi-3422

3626 Indep. Be-5390

421 N Askew. Be-4917