

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

Do not use this space.

9196

APR 25 1934

1. PLACE OF DEATH

County Jackson
Township Kan.
City R. C. Mo.

Registration District No. 308
Primary Registration District No. 2718
Forest Ave

File No. 1395
Registered No. 1395
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 2718 Forest St., _____ Ward _____
(If nonresident, give city or town and State)
Length of residence in city or town where death occurred 3 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>Michael Rush</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 15 - 1891</u>		
7. AGE	YEARS	MONTHS
<u>42</u>	<u>11</u>	<u>21</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housekeeper</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Housekeeping</u>		
10. Date deceased last worked at this occupation (month and year) <u>1926</u>		11. Total time (years) spent in this occupation <u>Life</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown Illinois</u>		
13. NAME <u>Charles Place</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown Illinois</u>		
15. MAIDEN NAME <u>Mary James</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown Illinois</u>		
17. INFORMANT <u>Michael Rush</u> (ADDRESS) <u>2718 Forest Ave R.C.M.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Bonney Springs, Kan.</u> DATE <u>Mar. 29, 1934</u>		
19. UNDERTAKER (ADDRESS) <u>Simonson</u> <u>2113 Silver Ave R.C.M.</u>		
20. FILED <u>Mar 28 1934 M.D.M. Crowe</u> <u>dash Registrar.</u>		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 27, 1934

22. I HEREBY CERTIFY, That I attended deceased from May 1929, 19____, to March 27, 1934
I last saw her alive on 27 - 9 March, 1934. Death is said to have occurred on the date stated above, at 2 P.M.
The principal cause of death and related causes of importance were as follows:
Pneumonia Bronchial Date of onset 3-11-34
Septicemia 3-2-34

Other contributory causes of importance:
Septicemia

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? No.
If so, specify _____
(Signed) Walter Wilson, M. D.
(Address) 3652 Jefferson

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.

