

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

Do not use this space.

25038

**1. PLACE OF DEATH**

County Jackson  
Township Washington  
City Grandview Mo (No. \_\_\_\_\_)

Registration District No. 404  
Primary Registration District No. 5558

File No. \_\_\_\_\_  
Registered No. 56  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 1, 1870

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
64 6 18

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ret. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farm

10. Date deceased last worked at this occupation (month and year) Oct, 1928 11. Total time (years) spent in this occupation 3 7/8

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wheatland Iowa

13. NAME Christopher Rusch

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Prussia Germany

15. MAIDEN NAME Catherine Strack

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Mrs. John Rusch (ADDRESS) Grandview Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Mourah DATE July 27 1934

19. UNDERTAKER E. K. George & Sons (ADDRESS) Grandview Mo

20. FILED 7/27 1934 Geo. R. Dagg Registrar.

**MEDICAL CERTIFICATE OF DEATH**

DATE OF DEATH (MONTH, DAY, AND YEAR) July 25, 1934

I HEREBY CERTIFY That attended deceased from Monday 24, 1934, to July 25, 1934

I last saw him alive on July 29, 1934. Death is said to have occurred on the date stated above, at 6:30 p. m.

The principal cause of death and related causes of importance were as follows:

Acute Dilatation Right Ventricle of Heart. Date of onset 7/25-29

Other contributory causes of importance: Chronic Endocarditis, 1920

Heart exhaustion 7/23-34

Name of operation none Date of \_\_\_\_\_  
What test confirmed diagnosis chemical Was there an autopsy? no

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) Georg R. Dagg, M. D.  
(Address) Grandview Mo

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

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