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

MAY 15 1937

Do not use this space.

1. PLACE OF DEATH

County Jackson — Registration District No. 399 — File No. 15050

Township Kaw — Primary Registration District No. 1002 — Registered No.

City Kansas City (No. 3230 Tracy St. Ward)

2. FULL NAME Mrs. Fern Walters Rush

(a) Residence, No. 3433 Campbell St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): About 6/26/1891

7. AGE: YEARS 45 — MONTHS 9 — DAYS 6? — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Owner Beauty Shop

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 6241 Brookside

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Arcola Ill.

FATHER

13. NAME: John M. Walters

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ohio

MOTHER

15. MAIDEN NAME: Mervina Raybourn

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Illinois

17. INFORMANT (ADDRESS): Mr. George M. Rush, 3230 Tracy Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Cremation DATE: April 4th 1937

19. UNDERTAKER (ADDRESS): D. W. NEWCOMER'S SONS, 1401 BRUSH CREEK BLVD.

20. FILED Apr 2, 1937 M. M. Crowe, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): April 2nd 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 1 – 1931, to Apr 2, 1937

I last saw her alive on Mar 22, 1937. Death is said to have occurred on the date stated above, at 1:25 P.m.

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

	Date of onset
Carcinoma of Breast (Carcinomatosis) 50	

Other contributory causes of importance:

Name of operation: Bumpert Alien — Date of Feb 1936

What test confirmed diagnosis? Biopsy — 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?

If so, specify

(Signed) E. L. Mills, M. D.

(Address) 1032 Prof Bldg KC Mo

1032 Professional Bldg.
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