

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

26319
 Do not use this space.

REC'D AUG 26 1938

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 1

1. PLACE OF DEATH

(a) County Ray Registration District No. 743
 (b) Township Orrick Primary Registration District No. 5970 Registered No. 14
 (c) City Country (d) Street No. _____ St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Caloma Elizabeth Rush 700
 (a) Residence, No. Country St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 Ernest Rush

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 4 - 1899

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
38 10 26

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
 9. Industry or business in which work was done, as saw mill, bank, etc. _____
 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) Ray Co. Mo.

FATHER 13. NAME James A Broad

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ray Co. Mo.

MOTHER 15. MAIDEN NAME Elizabeth Fowler

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ray Co. Mo.

17. INFORMANT (ADDRESS) Ernest Rush
Orrick Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE South Park Cent DATE 7/31

19. FUNERAL DIRECTOR (ADDRESS) W. J. Gibson
Orrick Mo.

20. FILED 7/31 38 W. J. Gibson Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/30 1938

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1938, to July 30, 1938
 I last saw her alive on July 30, 1938 Death is said to have occurred on the date stated above, at 6:45 a.m.
 The principal cause of death and related causes of importance were as follows:

Rheumatic heart disease with decompensation Date of onset 1918
Chronic Nephritis 6/1/38
1937

Other contributory causes of importance: 66B - Hypertension

Name of operation None Date of _____

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? No Date of injury _____, 19____

Where did injury occur? None (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury None

Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify (Signed) W. J. Gibson, M. D.

(Address) Orrick, Mo.

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.

STATEMENT BY LICENSED EMBALMER

I, *C. V. Gibson*, Licensed Embalmer No. 2299

hereby certify that the body recorded on the reverse side of this certificate was embalmed by

L. E.

No. _____ or by *Edward C. Gibson*, Registered Apprentice No. 157
working under my personal supervision.

Signed *C. V. Gibson*

Licensed Embalmer No. 2299

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)