

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.

REC'D SEP 21 1938

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

Dr. Musick  
Do not use this space.

28930

666

## 1. PLACE OF DEATH

39 County GreeneRegistration District No. 318Township 3Primary Registration District No. 2001City Missouri(No. 654 S. Grant)

File No.

Registered No.

St.

Ward)

## 2. FULL NAME

(a) Residence, No. John Henry Rust

(Usual place of abode)

Ward. 230(If nonresident, give city or town and State) babool Mo

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

Male

## 4. COLOR OR RACE

white

## 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

unmarried

## 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

Margaret Rust

## 6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

June 5 1862

## 7. AGE

76

YEARS

MONTHS 2DAYS 23

If LESS than 1 day, ..... hrs. or ..... min.

## OCCUPATION

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

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

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

11. Total time (years) spent in this occupation 0

## 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Texas Co. 1

## 13. NAME

John Rust

## 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Tennessee

## 15. MAIDEN NAME

Emeline Hunter

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

Tennessee

## 17. INFORMANT (ADDRESS)

Mrs. C. E. Milgros, Ward

## 18. BURIAL, CREMATION, OR REMOVAL

Placed inAug 30 1938

## 19. UNDERTAKER (ADDRESS)

Aug 30 1938

## 20. FILED

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH (MONTH, DAY, AND YEAR)

Aug. 28 1938

## 22. I HEREBY CERTIFY, That I attended deceased from

7, 25, 38 to 8, 28, 38I last saw him alive on 8, 27, 38 Death is saidto have occurred on the date stated above, at 9:40 a.m.

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

Cancer stomachDate of onset 1938

Don't know

## Other contributory causes of importance:

## Name of operation

Date of

What test confirmed diagnosis Phys-X-Ray Is 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

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)

Springfield, Missouri

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