

REC'D FEB 23 1939

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

2451
Do not use this space.

PLACE OF DEATH

(a) County Henry Registration District No. 358
(b) Township Big Creek Primary Registration District No. 5007 Registered No. 1
(c) City or Blainstons (d) Street No. _____ St.
R.R. (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 Mary A Rush

(a) Residence, No. Blainstons Mo. R.R. St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3-3-1852
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 87 00 23
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 Life
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Uniontown Johnson Co
13. NAME R. G. Wall
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Salisbury North Carolina
15. MAIDEN NAME Mary J Covington
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) South Carolina
17. INFORMANT (ADDRESS) Mrs. Cliffie Nuckels Blainstons Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE DATE _____ 19.
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Fred C Wilkinson Clinton Mo.
20. FILED Feb 3 1939 E. H. Hibler Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 26 1929
22. I HEREBY CERTIFY, that I attended deceased from Dec 22 1928 to Jan 26 1929
I last saw h. pr. alive on Jan 7 1929. Death is said to have occurred on the date stated above, at 3:40 p.m.
The principal cause of death and related causes of importance were as follows:
Myocardial Insufficiency
Date of onset _____
Other contributory causes of importance: _____
Name of operation None Date of _____
What test confirmed diagnosis? None Was there an autopsy? _____
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? X Date of injury X, 19____
Where did injury occur? X (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury X
Nature of injury X
24. Was disease or injury in any way related to occupation of deceased? No.
If so, specify _____
(Signed) J. W. Galbreath, M. D.
W. J. Ulrich (Address) Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS' CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is v.

RECEIVED

District Health Officer No. 7,

District File Number 7-39-20

Date Filed 2-7-39

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

No embalming by special request....., Registered Apprentice No.....
working under my personal supervision.

Signed *Fred C. Wilkins*.....

Licensed Embalmer No. *2478*

P. O. Address *Clinton Mo*

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.)

If this body is not embalmed, above space should be left blank.

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

2457
Do not use this space.

1. PLACE OF DEATH

(a) County Henry Registration District No. 358
 (b) Township Big Creek Primary Registration District No. 5803
 (c) City..... (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.

Registered No. 1

2. PRINT FULL NAME Mary A. Rush

(a) Residence, No. _____ 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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) wid

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
87 10 23

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

FATHER 13. NAME

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

MOTHER 15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Waller Cemetery DATE Jan 27 1979

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED Jan 28 1979 E.G. Ribler Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-26-1979

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

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

Date of onset

Other contributory causes of importance:

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? _____

If so, specify _____

(Signed) J. W. Galbreath, M. D.

(Address) Wichita Mo

SUPPLEMENTARY

CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

S-2451