

JAN 12 1940

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

Do not use this space.

1. PLACE OF DEATH

County Texas

Registration District No. 18

Township Morris

Primary Registration District No. 6139

City (No. \_\_\_\_\_)

File No. 44896

Registered No. 22

2. FULL NAME

(a) Residence, No. \_\_\_\_\_

(Usual place of abode)

St. \_\_\_\_\_ Ward. \_\_\_\_\_

(If nonresident, give city or town and State)

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

Female

4. COLOR OR RACE

White

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

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

Infant

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

Nov 16, 1939

7. AGE

YEARS

MONTHS

DAYS

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

9

OCCUPATION

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

none

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

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

Texas Co

FATHER

13. NAME

Floyd J. Rust

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

Texas Co

MOTHER

15. MAIDEN NAME

Bertha Garrett

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

Texas Co

17. INFORMANT

Floyd J. Rust

(ADDRESS)

Bertha Garrett

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Garrett cemetery

DATE

Nov 26 1939

19. UNDERTAKER

none

(ADDRESS)

20. FILED

Nov 26, 1939

Pearl E. McCall

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 25, 1939

22. I HEREBY CERTIFY, that I attended deceased from

no physician 19\_\_\_\_

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_ in attendance \_\_\_\_\_ Death is said

to have occurred on the date stated above, at 6 P.M.

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

Don't know cause of death, no physician in attendance

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) Pearl E. McCall L.P.

(Address) 711 1/2 N. Boone St.

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.

RECEIVED

District Health Officer No. 5,

District File Number 140 13

Date Filed 110 40