

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

19420

3328

1. PLACE OF DEATH
 County Jackson Registration District No. 399 File No. _____
 Township Ram Primary Registration District No. 1002 Registered No. _____
 City Kansas City Mo (No. 3713) Madison St. _____ Ward _____

2. FULL NAME Joseph H. Rush
 (a) Residence No. 3713 Madison St. _____ Ward _____
 (Usual place of abode) (If nonresident give city or town and State)
 Length of residence in city or town where death occurred 27 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) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Fannie Bacon Rush
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 13 - 1862
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
58 7 26
 8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Insurance
 (b) General nature of industry, business, or establishment in which employed (or employer) Fidelity & Casualty
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Albany
 (STATE OR COUNTRY) New York

10. NAME OF FATHER Michael Rush
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) Ireland
 (STATE OR COUNTRY) _____
 12. MAIDEN NAME OF MOTHER Ann Wood
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Ireland
 (STATE OR COUNTRY) _____

14. INFORMANT Sarah C. Delaney
 (Address) 4015 W. 11th St. Miss

15. FILED 7/10, 1920 M. M. Crowe
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 8 1920
 17. I HEREBY CERTIFY, That I attended deceased from May 8, 1920, to May 8, 1920, that I last saw him alive on May 8, 1920, and that death occurred, on the date stated above, at 10 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Apoplexy (acute)
 108
 CONTRIBUTORY (SECONDARY) acute nephritis
 (duration) _____ yrs. mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED _____
 IF NOT AT PLACE OF DEATH: _____
 DID AN OPERATION PRECEDE DEATH? Yes DATE OF May 6/20
 WAS THERE AN AUTOPSY? No
 WHAT TEST CONFIRMED DIAGNOSIS _____
 (Signed) James E. Lyles, M. D.
57, 1920 (Address) Kansas City, Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Edenwood DATE OF BURIAL May 11 1920

20. UNDERTAKER John H. Wagner ADDRESS 1409 Grand Ave

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD
 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.

