

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

Do not use this space.

33788

**1. PLACE OF DEATH**

County Jackson Registration District No. \_\_\_\_\_  
 Township Raw Primary Registration District No. \_\_\_\_\_  
 City R. E. Mo (No. 2628 Garfield) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
 Registered No. 1558 St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Missouri Elizabeth Rush  
 (a) Residence. No. 2628 Garfield St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode) (If nonresident give city or town and State)  
 Length of residence in city or town where death occurred yrs. mos. 4 How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Fe 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan-3-1855

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
74 | 10 | 27

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Widow  
 (b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
 (c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) \_\_\_\_\_ (STATE OR COUNTRY) Missouri

10. NAME OF FATHER Anderson Seaver

11. BIRTHPLACE OF FATHER (CITY OR TOWN) \_\_\_\_\_ (STATE OR COUNTRY) Unknown

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) \_\_\_\_\_ (STATE OR COUNTRY) Unknown

14. INFORMANT Mrs M L Rush (Address) 3722 Benton St

15. FILED 12/1, 1927 M M Cerone REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov-30, 1927  
 17. I HEREBY CERTIFY, That I attended deceased from Nov 28, 1927, to Nov 30, 1927, that I last saw her alive on Nov 30, 1927, and that death occurred, on the date stated above, at 11:15 am.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Apoplexy  
74 W 97 (duration) yrs. mos. 3 da.  
 CONTRIBUTORY Arteriosclerosis (SECONDARY) (duration) 4 yrs. mos. 3 da.

18. WHERE WAS DISEASE CONTRACTED \_\_\_\_\_ IF NOT AT PLACE OF DEATH: \_\_\_\_\_  
 DID AN OPERATION PRECEDE DEATH: \_\_\_\_\_ DATE OF \_\_\_\_\_  
 WAS THERE AN AUTOPSY? \_\_\_\_\_  
 WHAT TEST CONFIRMED DIAGNOSIS? \_\_\_\_\_ (Signed) R L St Clair, M. D.  
12/1, 1927 (Address) 524 2 St John  
 \*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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Wm. Wash. DATE OF BURIAL Nov 1927

20. UNDERTAKER Mrs. P. L. Forster ADDRESS R. E. Mo.

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.

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D. R. H. Jones Co  
101 S. Laramie