

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

Do not use this space.

18217

**1. PLACE OF DEATH**

County Jackson Registration District No. ....

Township Raw Primary Registration District No. ....

City Kansas City (No. St. Joseph Hospital) St. 2202 Ward) ....

File No. ....

Registered No. ....

**2. FULL NAME**

(a) Residence. No. 4146 College St., 16 Ward, ....

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred - yrs. 5 mos. - ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

1. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED married

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 16 19 29

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND or (OR) WIFE OF Thomas P. Rush

17. I HEREBY CERTIFY That I attended deceased from Apr 19 29 to May 16 19 29 that I last saw her... alive on May 15 8 00 A. 19 29 and that death occurred, on the date stated above, at 8 00 A. m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Apr. 23, 1858

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	71	0	24	

Carcinoma of the liver

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work at Home  
(b) General nature of industry, business, or establishment in which employed (or employer).....  
(c) Name of employer.....

46E  
446 (duration) yrs. 4 mos. ds.  
CONTRIBUTORY (SECONDARY)  
(duration) yrs. mos. ds.

9. BIRTHPLACE (CITY OR TOWN) Alabama  
(STATE OR COUNTRY)

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH.....

10. NAME OF FATHER Don't Know

DID AN OPERATION PRECEDE DEATH... No DATE OF.....  
WAS THERE AN AUTOPSY? Yes

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Alabama  
(STATE OR COUNTRY)

WHAT TEST CONFIRMED DIAGNOSIS? X-Ray - Autopsy  
(Signed) Johnny S. Larson, M. D.  
5/16, 19 29 (Address) 700 Apple Bell

12. MAIDEN NAME OF MOTHER Don't Know

\*State the DISEASE CAUSING DEATH, or in death from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Don't Know  
(STATE OR COUNTRY)

14. INFORMANT Mrs. P. S. Fancher  
(Address) 327 Brush Creek, Phoenix, Md. Mariah

19. PLACE OF BURIAL, CREMATION, OR REMOVAL St. Mariah DATE OF BURIAL 5/18/19 29

15. FILED 5/16, 19 29 M. M. Crowe  
REGISTRAR

20. UNDERTAKER Frisman Mortuary  
ADDRESS 104 or 42nd 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.

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Permit

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