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

Do not use this space. 11856

1. PLACE OF DEATH
County Butler
Township Poplar Bluff
City ✓
Registration District No. 89
Primary Registration District No. ~~200~~ 3731
File No.
Registered No. 69
(No. ..... St. ..... Ward)

2. FULL NAME Orville Rusche
(a) Residence. No. Popolar Bluff Route St. Ward. Jumland, Mo.
(Usual place of abode) (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: male
4. COLOR OR RACE: wht
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Infant
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ✓
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar 28-1930
7. AGE: YEARS | MONTHS | DAYS 42 | If LESS than 1 day, ... hrs. or ..... min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work ✓
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer
9. BIRTHPLACE (CITY OR TOWN) Poplar Bluff Mo
(STATE OR COUNTRY)

PARENTS
10. NAME OF FATHER Repeated John Capper
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Don't Know
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Rusche
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Libos Ills.
(STATE OR COUNTRY)

14. INFORMANT Thomas Rusche
(Address) Poplar Bluff Mo
15. FILED 4/14 1930 Dr B J Clay
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 14th 1930.
17. I HEREBY CERTIFY, That I attended deceased from April 12 1930 to one time only that I last saw him alive on 4/12 1930 and that death occurred, on the date stated above, at 4 P. m.
THE CAUSE OF DEATH* WAS AS FOLLOWS: Marasmus & Gastro Entitis
119B
158
113B
(duration) yrs. mos. 5 ds.
CONTRIBUTORY (SECONDARY) no
(duration) yrs. mos. ds.
18. WHERE WAS DISEASE CONTRACTED home
IF NOT AT PLACE OF DEATH? ✓
DID AN OPERATION PRECEDE DEATH? no DATE OF ✓
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) W. F. D. Taylor, M. D
4/14, 1930 (Address) Poplar Bluff 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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Oak Hill
DATE OF BURIAL: 4-14 1930
20. UNDERTAKER: Frank Und- Co Poplar Bluff
ADDRESS

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.