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

Do not use this space.
21584
[redacted]

AUG 26 1930

1. PLACE OF DEATH
County: Scotland
Township: Millar
City: ..... (No. ..... St. ..... Ward)
Registration District No. 810
Primary Registration District No. 6062
File No. .....
Registered No. 44

2. FULL NAME James Orlando Rush
(a) Residence. No. ..... St., ... Ward. .....
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 78 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: Ardia Rush

6. DATE OF BIRTH (MONTH, DAY AND YEAR): 1846, April 13

7. AGE: 84 YEARS | MONTHS: 2 | DAYS: 29 | IF LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Farmer
(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): Ky

PARENTS
10. NAME OF FATHER: Oscar Rush
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Ky
12. MAIDEN NAME OF MOTHER: Myria Crook
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Ky

14. INFORMANT: Daisy Reed
(Address): Downing, Mo

15. FILED 7/16, 1930 E. E. Garrison, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): June 12 1930

17. I HEREBY CERTIFY, That I attended deceased from Jan 6, 1921, to June 12, 1930, that I last saw him alive on June 12, 1930, and that death occurred, on the date stated above, at 12 30 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Cerebral Hemorrhage

82 H

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY): Cont Day

(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Yes
DID AN OPERATION PRECEDE DEATH? No DATE OF .....
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Physical
(Signed) A E Platter, M. D
6/15, 1930 (Address) Memphis 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: Rockland cemetery
DATE OF BURIAL: 6/15/1930

20. UNDERTAKER: H. W. Payne & Sons
ADDRESS: Memphis

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.