

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

Do not use this space.

40449

1. PLACE OF DEATH
 County Ros Registration District No. 744
 Township Richmond Primary Registration District No. 3035
 City Richmond (No. _____) St. _____ (Ward _____)

2. FULL NAME Thomas Eugene 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 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** single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
6. DATE OF BIRTH (MONTH, DAY AND YEAR) July - 29 - 1898
7. AGE
 YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
72 5 2 _____
8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Farming
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 30 - 1930
17. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____, that I last saw h. _____ alive on _____, 19____, and that death occurred, on the date stated above, at 8. P. M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cancer of Colon
46c
 (duration) 2 yrs. mos. ds.
CONTRIBUTORY (SECONDARY) 112 La Suppe
 (duration) _____ yrs. mos. ds.
18. WHERE WAS DISEASE CONTRACTED 45
 IF NOT AT PLACE OF DEATH _____

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ballpepper Va
10. NAME OF FATHER J. R. Rush
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Ballpepper Va
12. MAIDEN NAME OF MOTHER Nancy Whitport
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Ballpepper Va

DID AN OPERATION PRECEDE DEATH? No DATE OF _____
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? _____
 (Signed) Stes J. Cook, M. D.
2/31, 1930 (Address) Richmond

14. INFORMANT Wm. M. P. McCallum
 (Address) Richmond Mo
15. 12-31-30 E. E. Ray REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Mamie Pleasant
20. UNDERTAKER Ethman
DATE OF BURIAL Dec. 31, 1930
ADDRESS Richmond Mo

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.

