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.

APR 23 1931

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

Do not use this space.

13962

1. PLACE OF DEATH
County Howard, Registration District No. 378
Township Fayette, Primary Registration District No. 4222
City (No. , St. Ward)

File No.
Registered No. 39

2. FULL NAME Mary Donley 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: Female,
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed,

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Charles B, Rush.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May IIth 1854

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
76	II	22	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

FATHER
13. NAME Charles, Givens,
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

MOTHER
15. MAIDEN NAME Mary Kring,
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri.

17. INFORMANT Mary Rush.
(ADDRESS) Fayette Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Walnut Ridge, DATE 4/6/31, 19

19. UNDERTAKER Guy T. Halley.
(ADDRESS) Fayette, Mo.

20. FILED Apr. 10, 1931 V. A. Bonham
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/3/1931, 19

22. I HEREBY CERTIFY, That I attended deceased from Mar-19, 1931, to Apr. 3, 1931
I last saw h. alive on Apr 3, 1931. Death is said to have occurred on the date stated above, at 10 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypostatic Pneumonia	4-1-31
Senility	1928

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Clinical findings Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) J. E. Richards, M. D.
(Address) Fayette Mo