

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

Do not use this space.

5074

1. PLACE OF DEATH

49 County Jasper
4 Township Centerville
2 City Centerville (No. _____)

Registration District No. 407
Primary Registration District No. 4271

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Miss Dora Lee Rusk
(a) Residence, No. 312 Pearl 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 Widowed
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 1, 1870
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
61 3 10
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) 235
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Centerville
(STATE OR COUNTRY) Arkansas

10. NAME OF FATHER John W. Jackson
11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____
(STATE OR COUNTRY) Penn
12. MAIDEN NAME OF MOTHER Sarah Freeze
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____
(STATE OR COUNTRY) Alabama

14. INFORMANT Miss Lela D. Rusk
(Address) Centerville, Mo

15. FILED 3/9 1932 J. W. Clark
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 11, 1932
17. I HEREBY CERTIFY, That I attended deceased from Feb 7, 1932 to Feb 11, 1932 that I last saw her alive on Feb 11, 1932, and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Coronary heart disease
9/11/32 (duration) _____ yrs. _____ mos. _____ ds.
CONTRIBUTORY Influenza
(SECONDARY) (duration) _____ yrs. _____ mos. 14 ds.

18. WHERE WAS DISEASE CONTRACTED _____
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) P. M. Stornant, M. D.
7/3, 1932 (Address) Webb City, 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 Centerville Cem DATE OF BURIAL 2/13 1932

20. UNDERTAKER Webb City Und & Webb City
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.

APR 2 1932

