

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

Do not use this space.

11703

1. PLACE OF DEATH

County Buchanan

Registration District No. 85

Township

Primary Registration District No. 1001

City St. Joseph,

(No. Missouri, Methodist Hospital, St. _____ Ward)

File No. _____

Registered No. 382

2. FULL NAME Beverly May Rush,

(a) Residence, No. 3016 Faraon St., _____ Ward.

(Usual place of abode) 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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single,</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 18, 1932.

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>0</u>	<u>0</u>	<u>0</u>	<u>8</u> hrs. or <u>0</u> min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	<u>Child.</u>
	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) St. Joseph,
(STATE OR COUNTRY) Missouri,

FATHER 13. NAME Leonard Rush,

14. BIRTHPLACE (CITY OR TOWN) St. Joseph,
(STATE OR COUNTRY) Missouri,

MOTHER 15. MAIDEN NAME Maymie Long,

16. BIRTHPLACE (CITY OR TOWN) Stanberry,
(STATE OR COUNTRY) Missouri.

17. INFORMANT (ADDRESS) Leonard Rush
3016 Faraon St.

18. BURIAL, CREMATION, OR REMOVAL PLACE mt Auburn DATE April 18, 1932

19. UNDERTAKER (ADDRESS) Hunter, Beyle & Bowman
319 S. 10th St.

20. FILED APR 18 1932 John H. Bender
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 18, 1932

22. I HEREBY CERTIFY, That I attended deceased from Apr 17, 1932, to Apr 18, 1932
I last saw her alive on Apr 18, 1932. Death is said to have occurred on the date stated above, at 2:00 a. m.
The principal cause of death and related causes of importance were as follows:

Nasal hemorrhage
1610
1610
Other contributory causes of importance: (D)
Date of onset 4/14/32

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? yes

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? yes
If so, specify _____
(Signed) J. F. Owens, M. D.
(Address) Bullinger Bldg.

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.

MAY 28 1932

