

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

Do not use this space.

~~13120~~
121269
File No. _____
Registered No. _____
St. _____ Ward _____

1. PLACE OF DEATH
 3 5 County Dennis Registration District No. 283
 4 Township _____ Primary Registration District No. 403
 3 City Cordune Mo. (No. _____) St. _____ Ward _____

2. FULL NAME Miller ~~Gregory~~ 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

2 MEDICAL CERTIFICATE OF DEATH

3. SEX M 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF R. F. Rush

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 29-1895

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	<u>36</u>	<u>9</u>	<u>6</u>	

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work House wife
 (b) General nature of industry, business, or establishment in which employed (or employer) 235
 (c) Name of employer _____

16. DATE OF DEATH (MONTH, DAY AND YEAR) 4-4-1932

17. I HEREBY CERTIFY, That I attended deceased from 4-4-1932 to 4-4-1932, that I last saw him alive on 4-4-1932 and that death occurred, on the date stated above, at 12 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Post-Portum Hemorrhage
1144

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

CONTRIBUTORY stroke (SECONDARY)
 (duration) _____ yrs. _____ mos. _____ ds.

9. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTRY) Mo.

10. NAME OF FATHER John Gregory

11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____ (STATE OR COUNTRY) D.C.

12. MAIDEN NAME OF MOTHER Nara Hamilton

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____ (STATE OR COUNTRY) Iowa

18. WHERE WAS DISEASE CONTRACTED _____
 IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS _____
 (Signed) W. B. B... M. D.
 19 (Address) Cordune 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.

14. INFORMANT R. F. Rush
 (Address) Cordune Mo.

15. FILED 4-5-32 1932 M. G. Moore REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Cordune Cemetery DATE OF BURIAL 4-5-1932

20. UNDERTAKER Howard Anderson ADDRESS Cordune 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. APR 6 1932

