

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

Do not use this space.

**36423**

**1. PLACE OF DEATH**

66 County Miller Registration District No. 564  
Township Equality Primary Registration District No. 575B  
City (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Henry Jasper 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 <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widower</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mary Frances Rush</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>1886</u>		
7. AGE	YEARS <u>76</u>	MONTHS <u>10</u>
	DAYS <u>10</u>	If LESS than 1 day, _____ hrs. or _____ min.
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) <u>Nov 1932</u>	
11. Total time (years) spent in this occupation <u>16 1/2</u>		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Miller Co. Mo.</u>		
FATHER	13. NAME <u>Jim M. Rush</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky</u>	
MOTHER	15. MAIDEN NAME <u>Jane Louell</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>	
17. INFORMANT <u>A. L. Rush</u> (ADDRESS) <u>Englewood Mo. RFD</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Jim Henry Cemetery</u> DATE <u>Nov 20, 1932</u>		
19. UNDERTAKER (ADDRESS) <u>Neighbors</u>		
20. FILED <u>Nov 20, 1932</u> <u>JTK</u> Registrar		

**2 MEDICAL CERTIFICATE OF DEATH**

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

22. I HEREBY CERTIFY, That I attended deceased from Nov 16, 1932 to Nov 20, 1932  
I last saw him alive on Nov 20, 1932. Death is said to have occurred on the date stated above, at 7:20 A.M.  
The principal cause of death and related causes of importance were as follows:  
Non-accidental Chorea  
Date of onset \_\_\_\_\_

Other contributory causes of importance: 162

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? Chorea 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? \_\_\_\_\_  
If so, specify \_\_\_\_\_  
(Signed) JTK, M. D.  
(Address) Talbot

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.

JAN 9 1933

