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.

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

Do not use this space.

File No. 19542
Registered No. 677

1. PLACE OF DEATH

County: Buchanan — Registration District No.: 85
Township: — Primary Registration District No.: 1001
City: St. Joseph, (No. 1919 Savannah Avenue St. Ward)

2. FULL NAME: Ethel Mary Rush

(a) Residence, No. 1919 Savannah Ave. St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Married,

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 10. 1890

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	43	10	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housekeeping
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: At Home,
10. Date deceased last worked at this occupation (month and year): June 1934
11. Total time (years) spent in this occupation: 26

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Beatrice, Nebraska,

FATHER
13. NAME: Carmi Simpson,
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Summerville, Illinois,

MOTHER
15. MAIDEN NAME: Elizabeth Brue,
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Robinson, Kansas

17. INFORMANT (ADDRESS): Arthur R. Rush 1919 Savannah Avenue

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Ashland Cem. DATE: June 8th 1934

19. UNDERTAKER (ADDRESS): Heaton-Bolt-Bowman 319 So. 10th St. Funeral Home

20. FILED: June 1934 Arthur C. Wernecke Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): June 6th, 1934

22. I HEREBY CERTIFY, That I attended deceased from May 22, 1934, to June 6, 1934

I last saw her alive on June 6 6:00 p.m., 1934. Death is said to have occurred on the date stated above, at ...a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Uterus	2 Mo.
Metastasis throughout Abdomen & Lungs	

Other contributory causes of importance:

Name of operation: ... Date of: ...

What test confirmed diagnosis? ... Was there an autopsy? No

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) Oswald O'Riay, M. D.
(Address) 204 Angus Bldg. Angus Bldg.