

FEB 19 1935

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

Do not use this space.

1561

1. PLACE OF DEATH

County Jackson Registration District No. 399  
Township Reese Primary Registration District No. 1002  
City K. C. Mo. (No. ST. JOSEPH HOSP)

File No. \_\_\_\_\_  
Registered No. 109  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Mr. R. S. Rust

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward. HARDIN, 100  
(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>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>R. S. Rust</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec. 17, 1958</u>		
7. AGE	YEARS <u>76</u>	MONTHS <u>1</u>
	DAYS <u>12</u>	IF LESS than 1 day, .....hrs. or .....min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>House Wife</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) (STATE OR COUNTRY) <u>Ray, Co. Mo.</u>	13. NAME <u>Thos N. J. Hollard</u>	
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ray, Co. Mo.</u>	
FATHER	15. MAIDEN NAME <u>Narcissa Trichard</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ray, Co. Mo.</u>	
17. INFORMANT <u>R. S. Rust</u> (ADDRESS) <u>Hardin, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>HARDIN</u> DATE <u>1-30</u> 19 <u>35</u>		
19. UNDERTAKER <u>KNIPSCHILD</u> (ADDRESS) <u>HARDIN, MO.</u>		
20. FILED <u>1-28</u> 19 <u>35</u> <u>M. M. Cerow</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 29, 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 27th, 1935, to Jan 29, 1935.  
I last saw her alive on 1/29/35. Death is said to have occurred on the date stated above, at 1:00 P.M.  
The principal cause of death and related causes of importance were as follows:  
Acute pyelitis with general peritonitis  
Date of onset \_\_\_\_\_

Other contributory causes of importance: 15

Name of operation None 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) Reginal Hamilton, M. D.  
(Address) Ray, Mo.

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.

