

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.

MAR 28 1935

6353

**1. PLACE OF DEATH**

County Pettis  
 Township  
 City Sedalia (No. ....)

Registration District No. 668  
 Primary Registration District No. 3032

File No. 27  
 Registered No. 668 St. .... Ward)

**2. FULL NAME**

Sidney Rush  
 (a) Residence, No. Trout Camp 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>PM</u>	4. COLOR OR RACE <u>Col</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <input checked="" type="checkbox"/>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>3/24-1916</u>				
7. AGE	YEARS <u>18</u>	MONTHS <u>10</u>	DAYS <u>11</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)			
				11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) <u>St Louis</u> (STATE OR COUNTRY) <u>Mo</u>				
FATHER	13. NAME <u>Unknown</u>			
	14. BIRTHPLACE (CITY OR TOWN) <u>Unknown</u> (STATE OR COUNTRY)			
MOTHER	15. MAIDEN NAME <u>Unknown</u>			
	16. BIRTHPLACE (CITY OR TOWN) <u>Unknown</u> (STATE OR COUNTRY)			
17. INFORMANT <u>Trout Camp Records</u> (ADDRESS) <u>Sedalia Mo</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St Louis Mo</u> DATE <u>2/11</u> , 19 <u>35</u>				
19. UNDERTAKER <u>T. F. Ferguson</u> (ADDRESS) <u>Sedalia Mo</u>				
20. FILED <u>1-2-35</u> , 19 <u>35</u> <u>Jean Slack</u> Registrar.				

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-4, 1935

22. I HEREBY CERTIFY, That I attended deceased from 2-1, 1935, to 2-4, 1935.  
 I last saw him alive on 2-4, 1935. Death is said to have occurred on the date stated above, at 3:30 p.m.  
 The principal cause of death and related causes of importance were as follows:

Pneumococic Meningitis

Date of onset 2-1-35

Other contributory causes of importance:  
Influenza 1/31/35

Name of operation none Date of .....

What test confirmed diagnosis? Leptospira 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) J. W. Boyer, M. D.  
 (Address) Sedalia Mo

MEMORANDUM

TO : SAC, NEW YORK (100-100000)

FROM : SAC, NEW YORK (100-100000)

SUBJECT: [Illegible]

[Illegible body text]

100-100000-100000