

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.

JUL 18 1935

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

Do not use this space.

18979

1. PLACE OF DEATH

County Buchanan Registration District No. 85
Township _____ Primary Registration District No. 1001
City St. Joseph (No. St. Joseph's Hospital) St. _____ Ward _____

File No. _____
Registered No. 604 St. _____ Ward _____

2. FULL NAME

May E. Rusco

(a) Residence, No. 1217 No. 10th St. St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Chas. S. Rusco

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 19, 1858

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. min.
76 5 14

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home.

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)

13. NAME Lemuel F. Eib

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Penn.

15. MAIDEN NAME Dorothea Goltze

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Germany

17. INFORMANT Mrs. Bessie D. Howard (ADDRESS) Joplin, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. More Cemetery DATE June 4, 1935

19. UNDERTAKER Walter Mollerhoffer (ADDRESS) 1302 Faraon St. St. Joseph, Mo.

20. FILED 6-5- 1935 John R. Bunker Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 3, 1935 1935

22. I HEREBY CERTIFY, That I attended deceased from 6/1/35, 1935, to 6/3/35, 1935. I last saw h. or f. alive on 6/3/35, 1935. Death is said to have occurred on the date stated above, at 11.15 P.M.

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

Acute gangrenous appendicitis Date of onset 5/29/35

Other contributory causes of importance: None

Name of operation Appendectomy Date of 6/1/35
What test confirmed diagnosis? Operation Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? no Date of injury _____

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) C. D. M. Allen M. D.
(Address) 301 No. 8th St. St. Joseph, Mo.

