

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.

SEP 19 1935

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

Do not use this space.

22670

1. PLACE OF DEATH

36 County Franklin

Registration District No. 397

Township

Primary Registration District No. 3016

8 City Washington (No.)

File No.
Registered No. 4878
St. Ward)

72. FULL NAME

Henson T. Rush

(a) Residence, No. Cambel St. - Washington, Mo.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF not known

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 8 - 1879

7. AGE YEARS 56 MONTHS 6 DAYS 23 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. House construction
10. Date deceased last worked at this occupation (month and year) Jan 1935 11. Total time (years) spent in this occupation 17

12. BIRTHPLACE (CITY OR TOWN) Cole, Ct. Missouri
(STATE OR COUNTRY)

FATHER 13. NAME John H. Rush

14. BIRTHPLACE (CITY OR TOWN) not known
(STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME not known

16. BIRTHPLACE (CITY OR TOWN) not known
(STATE OR COUNTRY)

17. INFORMANT Mrs. L. Baland
(ADDRESS) Washington, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Washington, Mo. DATE Aug. 2 - 1935

19. UNDERTAKER W. H. Washington
(ADDRESS) Hallway

20. FILED Aug. 2 - 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 31st 1935

22. I HEREBY CERTIFY, That I attended deceased from, 19....., to, 19.....

I last saw h..... alive on, 19..... Death is said to have occurred on the date stated above, at 9 A. m.

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

angina pectoris and
heart exhaustion Date of onset 7-31-35

Other contributory causes of importance: MI

Name of operation none Date of

What test confirmed diagnosis? Clinical 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? at home (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) E. T. Washington coroner, M.D.

(Address) Union Mo

