

SEP 18 1935

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

Do not use this space.

25790

1. PLACE OF DEATH

County Cape Girardeau
Township "
City CAPE GIRARDEAU (No. 128)

Registration District No. 128
Primary Registration District No. 3009
St. St. Francis Hosp

File No. 220
Registered No. 220
St. " Ward "

2. FULL NAME

Walter S. Rush

(a) Residence, No. " 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 15 - 1902

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
32 7 27

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. Laborer
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) Cape Girardeau Mo.

13. NAME August Rush

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

15. MAIDEN NAME Amedea Russell

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT Mrs. A. Gernies (ADDRESS) St. Louis, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Mary DATE 9-14 1935

19. UNDERTAKER Walter Funeral Home (ADDRESS) Cape Girardeau, Mo.

20. FILED 8/13 1935 J. M. Thompson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8/12 1935

22. I HEREBY CERTIFY that I attended deceased from 8/2 1935 to 8/13 1935

I last saw him alive on 8/5 1935 Death is said to have occurred on the date stated above, at " m.

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

Pulmonary Tuberculosis
Other contributory causes of importance:
NO

Name of operation NO 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?
If so, specify "

(Signed) A. J. Smith, M. D.
(Address) Cape Girardeau
W.S.

M. 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.

