

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.

AUG 17 1935

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

Do not use this space.

26738

1. PLACE OF DEATH
 49 County Jasper Registration District No. 409
 13 Township _____ Primary Registration District No. 4242
 City Wineburg (No. _____) St. _____ Ward _____
 2. FULL NAME Mrs. Worthy Lee Rush
 (a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred 8 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.
 (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF W. M. Rush
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 28 1878
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min. 59 3 5
 OCCUPATION 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) Mont Summit Ind.
 13. NAME M. H. Elliott
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) S. Car.
 15. MAIDEN NAME Anna West
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind.
 17. INFORMANT W. M. Rush
 (ADDRESS) Wineburg Mo.
 18. BURIAL, CREMATION, OR REMOVAL PLACE Hill Crest Cem. DATE Aug 5 1935
 19. UNDERTAKER Wells City Mtd. Co.
 (ADDRESS) Wells City Mo.
 20. FILED 8-11-35 1935 W. M. Elliott Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 3rd 1935
 22. I HEREBY CERTIFY that I attended deceased from July 1 1935, to Aug 3 1935
 I last saw him alive on Aug 2 1935. Death is said to have occurred on the date stated above, at 9:00 P. m.
 The principal cause of death and related causes of importance were as follows:
Chronic Bright Disease Date of onset _____
 Other contributory causes of importance: 31
 Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? ✓
 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. M. Gray M. D.
 (Address) Joplin Mo.

