

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.

NOV 20 1935

33141

1. PLACE OF DEATH

County Johnson

Registration District No. 426

Township Chilhowee

Primary Registration District No. 55-81

City Chilhowee (No.)

File No.
Registered No. 14 St. Ward

2. FULL NAME

Violet Belle 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 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Webster Rush

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 4- 1911

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>35</u>	<u>24</u>	<u>3</u>	<u>XXX</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work House Wife
(b) General nature of industry, business, or establishment in which employed (or employer).....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Kansas City
(STATE OR COUNTRY) Mo

PARENTS	10. NAME OF FATHER <u>not known</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>not known</u>
	12. MAIDEN NAME OF MOTHER <u>not known</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>not known</u>

14. INFORMANT Mary Hunter
(Address) Chilhowee, Mo.

15. FILED Oct 5, 1935 J. B. Beatty REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct, 4, 1935

17. I HEREBY CERTIFY, That I attended deceased from Oct, 4, 1935 to Oct, 4, 1935 (that I last saw her alive on Oct, 3, 1935 and that death occurred, on the date stated above, at 4, 35 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Scarlet Fever

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) R. P. Diller M. D.

, 19 Mag Nolia Mo (Address)

*State the DISEASE CAUSING DEATH, or indicates from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

Chilhowee Cemetry Oct 4 35

20. UNDERTAKER O. L. Cookm, Chilhowee, Mo ADDRESS

