

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.

OCT 27 1937

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

Do not use this space.

1. PLACE OF DEATH

County Vernon Registration District No. 875 File No. 35549
Township _____ Primary Registration District No. 3039 Registered No. 264
City Nevada, Mo. (No. _____) St. _____ Ward _____

2. FULL NAME Mrs. Anna Rush

(a) Residence, No. 1010 S. Cedar 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 F 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 J. L. Rush

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 17, 1899

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
38 2 18

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

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) Bevier, Mo.

13. NAME Charles T. Ridings

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Schell City, Mo.

15. MAIDEN NAME May Draper

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Knobnoster, Mo.

17. INFORMANT J. L. Rush Nevada, Mo
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Girard, Kansas DATE Oct. 8th 1937

19. UNDERTAKER Marsh Eichinger,
(ADDRESS) Nevada, Mo

20. FILED 10-7-37 1937 Allen T. Hays
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 5 1937

22. I HEREBY CERTIFY, That I attended deceased from June 10 1937, to Oct. 1937
I last saw her alive on Oct. 2 1937. Death is said

to have occurred on the date stated above, at 8 A. m.

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

Puerperal Insanity Date of onset Oct. 10 1937

Other contributory causes of importance: None

Name of operation None Date of _____

What test confirmed diagnosis Physical Exam and 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? No

If so, specify _____

(Signed) J. H. Love, M. D.

(Address) Nevada, Mo.

