

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

Do not use this space.

40449

**1. PLACE OF DEATH**

County Ross Registration District No. 744  
 Township Richmond Primary Registration District No. 3035  
 City Richmond (No. \_\_\_\_\_) St. \_\_\_\_\_ (Ward \_\_\_\_\_)

**2. FULL NAME**

Thomas Eugene 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 W

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July - 29 - 1898

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
72 5 2

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Farming  
 (b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
 (c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) Ballpepper  
 (STATE OR COUNTRY) Mo

10. NAME OF FATHER J. R. Rush

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Ballpepper  
 (STATE OR COUNTRY) Mo

12. MAIDEN NAME OF MOTHER Nancy Willhite

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Ballpepper  
 (STATE OR COUNTRY) Mo

14. INFORMANT Wm. M. P. McCallum  
 (Address) Richmond Mo

15. 12-31-30 E. E. Day REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 30 - 1930

17. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_ to \_\_\_\_\_, 19\_\_\_\_ that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred, on the date stated above, at \_\_\_\_\_ 8. P. M. m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Cancer of Colon  
460 (duration) 2 yrs. mos. ds.  
112 La Suppe  
 CONTRIBUTORY (SECONDARY) (duration) \_\_\_\_\_ yrs. mos. 5 ds.

18. WHERE WAS DISEASE CONTRACTED 45  
 IF NOT AT PLACE OF DEATH \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? No DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? \_\_\_\_\_  
 (Signed) Stes J. Cook M. D.

12/31, 1930 (Address) Richmond Mo

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

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Mount Pleasant DATE OF BURIAL Dec. 31, 1930

20. UNDERTAKER Ethman ADDRESS Richmond Mo

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.

