

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

Do not use this space.

20547

1. PLACE OF DEATH
 89 County Ray Registration District No. 740
 Township Crooked river Primary Registration District No. 2775
 City (No. _____) St. _____ Ward _____

File No. 14
 Registered No. 740

2. FULL NAME Joseph Shoupe Rust
 (a) Residence No. _____ St. _____ Ward _____
 (Usual place of abode)
 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 single

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1854-10 mo. 14 day
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
77 8 9

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lawyer
 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) Oct 7 - 1930
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

FATHER 13. NAME Bushrod Rust
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

MOTHER 15. MAIDEN NAME Elizabeth Shoupe
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Rockingham Va Virginia

17. INFORMANT (ADDRESS) J. D. Hartman
 18. BURIAL, CREMATION, OR REMOVAL PLACE Wakenda DATE June 25 1932

19. UNDERTAKER (ADDRESS) Jno. W. Knipschild
 20. FILED June 25 1932 R. W. Wilford Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 23, 1932
 22. I HEREBY CERTIFY, that I attended deceased from Oct 26, 1931 to June 23, 1932
 I last saw him alive on June 22, 1932. Death is said to have occurred on the date stated above, at 12 P. M.
 The principal cause of death and related causes of importance were as follows:

Hypostatic Pneumonia Date of onset
950
1110 950
 Other contributory causes of importance:
Dilated Heart

Name of operation _____ Date of _____
 What test confirmed diagnosis? clinical 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) E. G. Renner M.D.
 (Address) Richmond, Mo

WRITE PLAINLY WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

JUN 27 1932

