OCT 23 1929

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

Do not use this space. 30364

1. PLACE OF DEATH
County Clay Registration District No. 200 File No.
Township Kearney Primary Registration District No. 5279B Registered No. 14
City (No. St. Ward)

2. FULL NAME P. J. Rust
(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 1 yrs. 2 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 —
6. DATE OF BIRTH (MONTH, DAY AND YEAR) 11-2-1861
7. AGE Years 67 Months 10 Days 13 If LESS than 1 day, ... hrs. or ... min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work At home.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer
9. BIRTHPLACE (CITY OR TOWN) Clay Co. (STATE OR COUNTRY) Mo
PARENTS
10. NAME OF FATHER Mason Rust.
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Ky. (STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Nancy A. Kincade
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Ky. (STATE OR COUNTRY)
14. INFORMANT Mrs. B. B. Petty. (Address) Kearney Mo.
15. FILED 9-16 1929 Haynie Rowell REGISTRAR by C. L. Smith

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 15 1929.
17. I HEREBY CERTIFY, That I attended deceased from July 7, 1929, to Sept 6, 1929, that I last saw him alive on Sept 6, 1929, and that death occurred, on the date stated above, at 4:45 A.m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral Hemorrhage (& after effect.)
(duration) yrs. 5 mos. ds.
CONTRIBUTORY (SECONDARY) Auricular Fibrulation
(duration) yrs. mos. 10 ds.
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) John F. Snead, M. D.
9/16, 1929 (Address) Excelsior Spgs. 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 Bethel DATE OF BURIAL 9-16 1929.
20. UNDERTAKER Marvin Hessel ADDRESS Kearney 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD