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

Do not use this space.

25618

1. PLACE OF DEATH

County ..... Registration District No. 791 ..... File No. 25618

Township ..... Primary Registration District No. 1003 ..... Registered No. 7435

City St. Louis (No. City Hospital #2 ..... St. ..... Ward)

2. FULL NAME Bush Wilburn

(a) Residence. No. 2642 Market St., 22 Ward. ..... (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Male	Col.	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) ~~WIFE OF~~ Edna Wilburn

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 24, 1875

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	53	4	22	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) ..... Miss
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Noah Wilburn

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

12. MAIDEN NAME OF MOTHER Sarah Lewis

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

14. INFORMANT Anna F. Woodard
(Address) City Hospital #2

15. FILED JUL 13 1928, 19 Max C. Starkey REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 7-16- 1928

17. I HEREBY CERTIFY, That I attended deceased from 7-15-28, 19..., to 7-16-, 1928 that I last saw him alive on 7-16-28, 19..., and that death occurred, on the date stated above, at 5:10 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute Dilatation of Heart
96
93E
95B
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Chronic Myocarditis
Aorta Aneurism (duration) ..... yrs. 6 mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? No. DATE OF .....
WAS THERE AN AUTOPSY? yes
WHAT TEST CONFIRMED DIAGNOSIS? —
(Signed) F. E. Cunningham, M. D
, 19 (Address) 2945 Sarotoa

*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	DATE OF BURIAL
Chicago Ill	7-18- 1928
20. UNDERTAKER J. C. Thomas Co	ADDRESS 3111 Laclede Ave

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.