

26

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

Do not use this space.

30253

1. PLACE OF DEATH

County Callaway
Township Fulton
City Fulton (No. _____) St. _____ Ward _____

Registration District No. 104
Primary Registration District No. 3008

File No. _____
Registered No. 771

2. FULL NAME

Mrs. Martha Lizzie Bush

(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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE Negro 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

5A. If MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lee

6. DATE OF BIRTH (MONTH, DAY AND YEAR) — — 63

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min. 63 — —

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

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

10. NAME OF FATHER Martin Vanburen

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

12. MAIDEN NAME OF MOTHER D.K.

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

14. INFORMANT (Address) Mrs. Emma Blythe
Fulton, Mo

15. Dec 1 28 19. R. N. Creed REGISTRAR

1 MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 29 19 28

17. I HEREBY CERTIFY, That I attended deceased from 8:45 1927, to Nov. 26, 19 28 that I last saw h. et alive on Nov 25, 19 28, and that death occurred, on the date stated above, at 8:35 P. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

49
10
Carcinoma of the uterus
(duration) _____ yrs. _____ mos. _____ da.
CONTRIBUTORY Carcinoma of the uterus
(SECONDARY) (duration) 1 yrs. 6 mos. _____ da.

18. WHERE WAS DISEASE CONTRACTED 49
IF NOT AT PLACE OF DEATH? _____

DID AN OPERATION PRECEDE DEATH? No DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? (Signed) McA Richardson, M. D. (Address) Fulton 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 South Side Cemetery DATE OF BURIAL Dec 2 19 28

20. UNDERTAKER Ali Bell ADDRESS Fulton 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 PLAIN, WITH OUTLINE

