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

Do not use this space.

7438

File No. .....

Registered No. .....

1. PLACE OF DEATH

County: Oregon — Registration District No.: 682

Township: Thayer No. — Primary Registration District No.: 4382

City: ..... No. ..... St. ..... Ward)

2. FULL NAME: Mary 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 X yrs. 10 mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fe

4. COLOR OR RACE: Wh

5. ~~SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)~~: Widow

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Allen Bush

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Aug 4 184

7. AGE: Years 88 | Months 6 | Days 2 | If LESS than 1 day, ... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN): Apple River
(STATE OR COUNTRY): Illinois

PARENTS

10. NAME OF FATHER: J. Matthews

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

12. MAIDEN NAME OF MOTHER: ~~Unknown~~ Powers

13. BIRTHPLACE OF MOTHER (CITY OR TOWN): ~~Unknown~~
(STATE OR COUNTRY): Kentucky

14. INFORMANT: W. H. Rule
(Address)

15. FILED Feb 20, 1929 C. Rhea
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Feby 6 1929

17. I HEREBY CERTIFY, That I attended deceased from Jany 25, 1929, to Feby 4, 1929 that I last saw h. alive on Feby 4, 1929, and that death occurred, on the date stated above, at 9:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Hemiplegia of gradual progression onset

(duration) ..... yrs. ..... mos. 10 ds.

CONTRIBUTORY (SECONDARY): Chronic vascular disease of heart several years

(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED? Home

IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? ..... DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

Hull (Signed) J. B. Hull, M. D

2/20, 1929 (Address) Mammoth Spring Ark

*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: Shiloah Cemetery — DATE OF BURIAL: 2/7 1929

20. UNDERTAKER: Oregon Co. — ADDRESS: A. L. Carr Thayer

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.

MAR - - 1929

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