

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

Do not use this space.

41839

1. PLACE OF DEATH

County St. Charles
Township St. Charles
City St. Charles (No.)

Registration District No. 757
Primary Registration District No. 3036

File No.
Registered No. 182
..... Ward)

2. FULL NAME Mary Jane Bushman

(a) Residence, No. 1114 Hall St., St. 1 Ward. (If nonresident, give city or town and State)
(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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Single</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF -----				
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>April 8, 1920</u>				
7. AGE YEARS <u>9</u>	MONTHS <u>8</u>	DAYS <u>13</u>	IF LESS than 1 day, hrs. or min.	
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer				

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 21, 1929

17. I HEREBY CERTIFY, That I attended deceased from Dec 21, 1929 to Dec 21, 1929 that I last saw him alive on Dec 21, 1929, and that death occurred, on the date stated above, at 4:20 P.M. m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Scarlet Fever.
(duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY)
(duration) yrs. mos. ds.

9. BIRTHPLACE (CITY OR TOWN) St. Louis, Missouri
(STATE OR COUNTRY)

PARENTS	10. NAME OF FATHER <u>Dewey Bushman</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) <u>St. Charles Missouri</u> (STATE OR COUNTRY)
	12. MAIDEN NAME OF MOTHER <u>Anna Benskin</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) <u>Missouri</u> (STATE OR COUNTRY)

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH No

DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Physician - Job Egan
(Signed) Robert Gossett, M. D.
Dec 21, 1929 (Address) 200 Clay St St Charles 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.

14. INFORMANT Bertha Benskin
(Address) St. Charles, Missouri.

15. FILED 12/23 1929 Hy. G. Bleckmann
REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL St. Peters Cemetery DATE OF BURIAL Dec. 23, 1929.

20. UNDERTAKER Steinbrinker Funeral Home ADDRESS St Charles 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.

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