

**MISSOURI STATEBOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

5487

1. PLACE OF DEATH

County Moxy
Township Carter
City Edina Mo. (No.)

Registration District No. 441
Primary Registration District No. 4259

File No.
Registered No. 30
St. Ward)

2. FULL NAME

Homer Thomas Roush

(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 31 yrs. 8 mos. 22 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

M.

4. COLOR OR RACE

W.

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

married

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

Maud Elston

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 5-13-1898

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, hrs. or min.

31

8

21

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.

Farmer

(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)

Edina Mo.

PARENTS

10. NAME OF FATHER

Edward Roush

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

Edina Mo.

12. MAIDEN NAME OF MOTHER

Maggie Bodine

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

unknown Ind.

14. INFORMANT

Edward Roush

(Address)

Edina Mo.

15. FILED

76 30

Scott Brown

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 4, 1930

17.

I HEREBY CERTIFY, That I attended deceased from October 2, 1929, to Feb. 4, 1930
that I last saw him alive on Feb. 4, 1930, and that death occurred, on the date stated above, at 3:30 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Pulmonary Tuberculosis

CONTRIBUTORY (SECONDARY)

23A 31 (duration) 7 yrs. 8 mos. 20 ds.

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

0 DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No.

WHAT TEST CONFIRMED DIAGNOSIS? T.B. Bacillus in Sputum

(Signed) W.H. Landfather D.O., M.D.

Feb. 6, 1930 (Address) Edina 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

DATE OF BURIAL

Mt. Carmel

2-6 1930

20. UNDERTAKER

ADDRESS

J. W. Hudson

Edina

2016

2016

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