

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

Do not use this space.

19372

File No. _____
Registered No. 54
St. _____ Ward _____

1. PLACE OF DEATH

County Moex Registration District No. 441
Township Center Primary Registration District No. 4259
City Edina Mo. (No. _____)

2. FULL NAME

Walter Eugene Poush

(a) Residence. No. _____ St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 24 yrs. 7 mos. 13 ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 13 - 1906

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
24 7 13

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) Edina Mo.
(STATE OR COUNTRY)

10. NAME OF FATHER Edward Poush

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

12. MAIDEN NAME OF MOTHER Maggie Bodkins

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

14. INFORMANT Edward Poush
(Address) Edina Mo.

15. FILED 25, 1937 Leost Brown
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 21, 1930

17. I HEREBY CERTIFY, That I received deceased from April 9, 1930, to June 21, 1930, that I last saw him alive on June 21, 1930, and that death occurred, on the date stated above, at 2:30 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Pulmonary Tuberculosis

23A (duration) 7 yrs. 3 mos. _____ ds.

CONTRIBUTORY (SECONDARY) _____ (duration) _____ yrs. _____ 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? No.

WHAT TEST CONFIRMED DIAGNOSIS X-Ray + TB. Bacillus in Sputum
(Signed) W. H. Landfester, M. D.

June 21, 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

Mt. Carmel

DATE OF BURIAL

6-22-1930

20. UNDERTAKER

J. W. Hudson

ADDRESS

Edina

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.

L 23 1930

