

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

Do not use this space.

1. PLACE OF DEATH

14 County Callaway, Registration District No. 109
Township Caldwell Primary Registration District No. 5-13-9
City Elizabeth Bush, (No. _____) St. _____ Ward _____

File No. 3942
Registered No. 1221

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed,
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Wife of Sam Bush,
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July, 5th, 1861
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
70 7 -- --

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife,
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. " "
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill, 2

13. NAME Madson Sanford,

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill,

15. MAIDEN NAME Mintie Regolds,

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill,

17. INFORMANT Brown Bush,
(ADDRESS) R. F. D. New Bloomfield, Mo,

18. BURIAL, CREMATION, OR REMOVAL PLACE New Bloomfield, Mo, DATE Feb 7th, 1932

19. UNDERTAKER Herndon-Taylor Furn-Co,
(ADDRESS) Fulton, Mo

20. FILED 2/10 1932 Chas Rush Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 5 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 1931 to Feb 5 1932
I last saw him alive on Feb 2 1932 Death is said to have occurred on the date stated above, at 8 P. m.
The principal cause of death and related causes of importance were as follows:

General Arteriosclerosis
97

Date of onset _____

Other contributory causes of importance:

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?
If so, specify _____
(Signed) Chas Rush, M. D.
(Address) New Bloomfield 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.

FEB 23 1932

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