

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

Do not use this space.

8212

1. PLACE OF DEATH

44 County Holt Registration District No. 372 File No. _____
5 Township _____ Primary Registration District No. 4218 Registered No. 748
2 Mound City (No. _____) St. _____ Ward _____

2. FULL NAME

John A. 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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 28 1853

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
80 0 13

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Genl. Druggist

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) Washington Co. Ind

13. NAME John Bush

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England

15. MAIDEN NAME Martha Marklin

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT Mrs. Dorothy Bush
(ADDRESS) Mound City Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt Hope DATE 3-13 19 1932

19. UNDERTAKER W. H. Crawford
(ADDRESS) Mound City Mo.

20. DATE Mar 13 1932 Registrar J. C. ...

W MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 11, 1932

22. I HEREBY CERTIFY, That I attended deceased from Mar 6 - 1932, to Mar 11, 1932
I last saw him alive on Mar 11, 1932 Death is said to have occurred on the date stated above, at 11 P. m.

The principal cause of death and related causes of importance were as follows:

Chronic Interstitial Nephritis Date of onset 131 131
131 131

Other contributory causes of importance: Arteriosclerosis ①

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? no
If so, specify _____

(Signed) R. P. Miller M. D.
(Address) Mound City, Mo.

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

APR 26 1932

