

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

Do not use this space.

13149

1. PLACE OF DEATH
 County Marion Registration District No. 502
 Township _____ Primary Registration District No. 4305
 City Marionville (No. _____) St. _____ Ward _____

2. FULL NAME Eliza Jane Bush
 (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 Jas D Bush

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 15 1847

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>84</u>	<u>6</u>	<u>25</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
 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) New York City 2
N.Y.

13. NAME John Birnie

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland 15

15. MAIDEN NAME Jane Nelson

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

17. INFORMANT Robt Gerwin
 (ADDRESS) Marionville Mo

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Mt Olivet DATE Apr 15 1937

19. UNDERTAKER Jay M. King
 (ADDRESS) Marionville Mo

20. FILED 4/18 1937 Old Futunan
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 13 1937

22. I HEREBY CERTIFY, That I attended deceased from April 11 1937 to April 13 1937
 I last saw her alive on April 12 1937 Death is said to have occurred on the date stated above, at 12:30 a.m.
 The principal cause of death and related causes of importance were as follows:
Broncho pneumonia
IIA
1077
 Other contributory causes of importance: D / R
influenza

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? no

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) P. J. Patrick, M. D.
 (Address) Marionville 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.

MAY 25 1937

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