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

Do not use this space.
20902

1. PLACE OF DEATH

County ..... Registration District No. 701
Township ..... Primary Registration District No. 1003
City St Louis (No. Mo Baptist Hospital St. ..... Ward)

File No. .....
Registered No. 5391

2. FULL NAME Charles Bush

(a) Residence, No. Shelbina Mo. St., 12 Ward. Shelbina Mo.
(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 Lutie Bush

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 24 1868

7. AGE: Years 69 Months 11 Days 9 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
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) Missouri

FATHER
13. NAME J Porter Bush
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky.

MOTHER
15. MAIDEN NAME Annie Gentry
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky.

17. INFORMANT Lutie Bush (ADDRESS) Shelbina Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Shelbyna Mo. DATE 6/7/32 19

19. UNDERTAKER Drehman-Hanson (ADDRESS) 1905 Franklin Av St

20. FILED JUN -6 1932 Max C Starkloff Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from May 15, 1932, to June 5, 1932

I last saw him alive on June 5 1932 Death is said to have occurred on the date stated above, at 3:45 p.m.

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

Nephritis Chronic — Date of onset Feb 32

13 / 13 / 13 / 13 / 31

Other contributory causes of importance: Prostatic hypertrophy, cystitis.

Name of operation ..... Date of .....
What test confirmed diagnosis? N.P.N. 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) C E Brown, M. D.
(Address) 958 Arcade Bldg St Louis 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

Joseph E. Glenn

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