

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.

NOV 28 1932

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

Do not use this space.

33300

1. PLACE OF DEATH
 88 County Waudolph Registration District No. 736
 Township Progerie Primary Registration District No. 5964
 City Highcross (No. _____) St. _____ Ward _____

2. FULL NAME Marie 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 Female 4. COLOR OR RACE White 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) May 15 - 1914

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>18</u>	<u>5</u>	<u>3</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. Student

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) Chilcaton Mo

13. NAME Joseph L. Bush

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Randolph Mo

15. MAIDEN NAME Viola Stevenson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Randolph Mo

17. INFORMANT (ADDRESS) Viola Stevenson Highcross Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Highcross Mo DATE Oct 21 1932

19. UNDERTAKER (ADDRESS) C. F. Feland Highcross Mo

20. FILED Oct. 31 1932 J. E. Angell Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 18 1932

22. I HEREBY CERTIFY, That I attended deceased from June 15 1932 to Oct 15 1932
 last saw him alive on Oct 15 1932. Death is said to have occurred on the date stated above, at 8 P.
 The principal cause of death and related causes of importance were as follows:
Tuberculosis of Lung
 Date of onset _____

Other contributory causes of importance: _____

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

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? no 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) J. E. Angell, M. D.
 (Address) Highcross Mo

