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.

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

Do not use this space.

35073

1. PLACE OF DEATH
County Chariton — Registration District No. 169
Township — Primary Registration District No. 4098
City Brunswick, Mo. (No. ..... St. ..... Ward)

File No. ..... Registered No. 43

2. FULL NAME Jim Bushnell

(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: Mall
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 Mrs. Maud Bushnell

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) McL-30-1873

7. AGE: Years 59 — Months 7 — Days 8 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Trucking
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 104
10. Date deceased last worked at this occupation (month and year) 20
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Chariton Co. Mo.

FATHER

13. NAME John Bushnell
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

MOTHER

15. MAIDEN NAME Missouri Stephens
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) Mrs. Maud Bushnell, Kansas City, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mount Washington Cemetery, Kansas City, Mo. DATE Nov 10 1932

19. UNDERTAKER (ADDRESS) L. J. Wiessand, Brunswick Mo.

20. FILED 11/9 1932 Harry E. Tatum Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-8 1932

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at ..... m.

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

	Date of onset
Fractured Skull	
Broken Rt. Tibia & Fibia	
8-9-10 Ribs left side	
IM 207	235

Other contributory causes of importance:
Killed by coal train running at Brunswick, Mo. from Omaha about 10:45 pm
Walking along track

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? Accident. Date of injury 11-8, 1932
Where did injury occur? Brunswick Mo. (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. on Rail Road track near Station
Manner of injury Run over by Train
Nature of injury Fract Skull, & Rt Leg. & 8-9-10 Ribs left side

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) G. W. Clark Coroner, M. D.
(Address) Salisbury Mo.