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.

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

Do not use this space.

39920

File No.
Registered No. 395

JAN 26 1934

1. PLACE OF DEATH
County JACKSON — Registration District No. 398
Township BLUE — Primary Registration District No. 3019
City INDEPENDENCE (No. 1026 S. McCOY St. Ward)

2. FULL NAME GEORGE W. BUSH
(a) Residence, No. 1026 S. McCOY St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 26 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~~ MARY BELLE BUSH

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) APRIL 10, 1866

7. AGE — YEARS: 67 — MONTHS: 7 — DAYS: 29 — If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner sawyer, bookkeeper, etc. RETIRED CARPENTER
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. CARPENTRY
10. Date deceased last worked at this occupation (month and year) 4 YEARS
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MERCER COUNTY MISSOURI

FATHER
13. NAME GEORGE BUSH
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN

MOTHER
15. MAIDEN NAME LAVINA (UNKNOWN)
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN

17. INFORMANT MRS. W. YOUNG
(ADDRESS) 203 W. ALTON, INDEP. MO.

18. BURIAL, CREMATION, OR REMOVAL
PLACE MOUND GROVE DATE DEC. 10, 1933

19. UNDERTAKER STAHL'S FUNERAL HOME
(ADDRESS) 815 W. MAPLE AVE. INDEP. MO.

20. FILED Dec. 9 1933 Dr. F. L. Cook Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) DEC. 9, 1933. 19

22. I HEREBY CERTIFY That I attended deceased from Nov. 1930, Dec. 9, 1933
I last saw him alive on Dec. 8, 1933 Death is said to have occurred on the date stated above, at 3:00 PM.
The principal cause of death and related causes of importance were as follows:

Date of onset

Pulmonary Tuberculosis
2 yrs

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Clin 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?
If so, specify
(Signed) F. L. Cook, M. D.
(Address) Independence