

RECORD THIS IS A PERMANENT RECORD

25 1934
00326

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.

Dr. Bruce

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

Do not use this space.

8313

1. PLACE OF DEATH

County Cole
Township _____
City Jefferson (No. _____)

Registration District No. 213
Primary Registration District No. 2014

File No. 95
Registered No. _____
St. _____ Ward _____

2. FULL NAME Bennie C. Roush

(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 <u>male</u> | 4. COLOR OR RACE <u>white</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>single</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____ | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct-22-1930</u> | | |
| 7. AGE YEARS <u>3</u> | MONTHS <u>4</u> | DAYS <u>25</u> |
| | | If LESS than 1 day, _____ hrs. or _____ min. |

| | | |
|------------|---|---|
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____ | 11. Total time (years) spent in this occupation _____ |
| | 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) _____ | |

12. BIRTHPLACE (CITY OR TOWN) Callaway County, Mo
(STATE OR COUNTRY)

13. NAME John Roush

14. BIRTHPLACE (CITY OR TOWN) Carrollton, Missouri
(STATE OR COUNTRY)

15. MAIDEN NAME Martha E. Fugit

16. BIRTHPLACE (CITY OR TOWN) Mercer County, Mo
(STATE OR COUNTRY)

17. INFORMANT John Roush
(ADDRESS) Jefferson City, Missouri

18. BURIAL, CREMATION, OR REMOVAL
PLACE New City Cemetery DATE Mar-20-1934

19. UNDERTAKER W. J. Gordon
(ADDRESS) Jefferson City, Mo

20. FILED 3-20-1934 Suburban MO
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 19, 1934
22. I HEREBY CERTIFY, That I attended deceased from March 7, 1934 to March, 1934
I last saw h. live on _____, 19____. Death is said to have occurred on the date stated above, at 10 a.
The principal cause of death and related causes of importance were as follows:

Bronchopneumonia
197A
Other contributory causes of importance: Wheezes
Date of onset _____

Name of operation _____ Date of _____
What test confirmed diagnosis? stetho 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) Dr. Bruce
(Address) Jefferson City, Mo

