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.

11718

1. PLACE OF DEATH

107 County VERNON — Registration District No. 880 — File No.

Township ~~WA~~ BLUE MOUND — Primary Registration District No. 6170 — Registered No. 35

City WALKER (No. , St. Ward)

2. FULL NAME JAMES PHILIP BUSH

(a) Residence, No. CLINTON, MO. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 21 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): WIDOWED

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: GORA LEE BUSH

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 12-5-1869

7. AGE: YEARS 64 — MONTHS 3 — DAYS 23 — 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): LAYFETTE COUNTY MISSOURI

FATHER
13. NAME: OWEN MONROE BUSH
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): KENTUCKY

MOTHER
15. MAIDEN NAME: MARY E. NOLAN
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): LOUISIANA

17. INFORMANT (ADDRESS): NOLAN BUSH CLINTON, MO.

18. BURIAL, CREMATION, OR REMOVAL
PLACE ENGLEWOOD DATE MARCH 30, 1934

19. UNDERTAKER (ADDRESS): SIMS FUNERAL HOME CLINTON, MISSOURI

20. FILED 9/28 1934 O. B. Davis Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 3-28, 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec, 1933, to 3-5, 1934
I last saw him alive on Feb 5, 1934 Death is said to have occurred on the date stated above, at 12 30 p.m.
The principal cause of death and related causes of importance were as follows:

Diabetes Melitus — Date of onset

59 59

Other contributory causes of importance:

Name of operation none 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? 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) J. R. Hampton, M. D.
(Address) Clinton, Mo