

WHITE 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.

JUL 14 1934

Dr. [Signature]

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

Do not use this space.

1. PLACE OF DEATH

County Mississippi
Township Woods & Island
City Joseph (No.)

Registration District No. 667
Primary Registration District No. 5767

File No. 21216
Registered No. 39
St. Ward

2. FULL NAME

Joseph 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 16-1934</u>				
7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
		<u>1</u>	<u>20</u>	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>meat</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u> </u>			
	10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation	

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/5 1934

22. I HEREBY CERTIFY, That I attended deceased from June 5 1934 to June 5 1934
I last saw him alive on June 4 1934 Death is said to have occurred on the date stated above, at 6 P. m.

The principal cause of death and related causes of importance were as follows:
Erysipelas of head and different parts of body caused probably from infection of check caused by insect bite.

Other contributory causes of importance:

MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	
	13. NAME	<u>Albert Bush</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	<u>Raleigh N.C.</u>
	15. MAIDEN NAME	<u>Joseph E. Bush</u>
FATHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	<u>Miss. Co. Mo.</u>
	17. INFORMANT (ADDRESS)	<u>Alb. Bush</u>
MOTHER	18. BURIAL, CREMATION, OR REMOVAL PLACE DATE	<u>Woods & Island June 6 1934</u>
	19. UNDERTAKER (ADDRESS)	<u>Henry Shelby East Prairie Mo.</u>
20. FILED <u>6-5-34</u>		<u>Alfred Hodge Registrar</u>

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? 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) Geo. W. Whitaker, M. D.
(Address) East Prairie Mo.

