

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

Do not use this space.

36006

NOV 13 1934

1. PLACE OF DEATH
 County Jackson Registration District No. 399
 Township How Primary Registration District No. 1002
 City Kansas City, Mo. (No. 6434 Wansall Rd.) St. 1507 Ward

2. FULL NAME Elizabeth Ann Bush
 (a) Residence, No. 6434 Wansall R., 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 Fe 4. COLOR OR RACE Wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED (husband or wife of) Andrew J. Bush
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 1 - 1848
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
86 1 7

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home
 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) Piquette, Co Indiana

MOTHER FATHER
 13. NAME Solomon O'Brien

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

15. MAIDEN NAME Samantha Richards

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

17. INFORMANT J. B. Hunt
 (ADDRESS) 6434 Wansall Rd

18. BURIAL, CREMATION, OR REMOVAL
 PLACE St Joseph, Mo DATE Oct-10-34

19. UNDERTAKER Wm McEllen
 (ADDRESS) 323 1/2 Willow Plaza

20. FILED Oct 9, 34 M. M. Crowe
asst Registrar.

MEDICAL CERTIFICATE OF DEATH

3
 21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct-8-1934

22. I HEREBY CERTIFY That I attended deceased from Oct 8 1934 to Oct-8 1934
 I last saw her alive on Oct 8 1934. Death is said to have occurred on the date stated above, at 10:05 a.m.
 The principal cause of death and related causes of importance were as follows:
 Date of onset

myocarditis Chron
66B
93C
1000
 Other contributory causes of importance:
Senility
Exophthalmos - Goiter

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? No
 If so, specify
 (Signed) Roger H. Mowbray M. D.
 (Address) 301 Hurby Bldg.

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.

Wesley, Bldg
Wz 9701