

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.

FEB 21 1935

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

Do not use this space.

522

1. PLACE OF DEATH

County Madison
Township Madison
City Madison (No. _____)

Registration District No. 16 7
Primary Registration District No. 5233

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

2. FULL NAME Uriah Alexander Bush

(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>widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF <u>Amanda Janel Campbell</u> (OR) WIFE OF <u>X</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb 8 - 1845</u>		
7. AGE <u>89</u>	YEARS <u>10</u>	MONTHS <u>28</u>
		DAYS <u>28</u>
		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 _____

FATHER

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) State of Tenn.

MOTHER

13. NAME Uriah Bush

FATHER

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) State of Tenn.

MOTHER

15. MAIDEN NAME Mariah Yardley

FATHER

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) State of Tenn.

MOTHER

17. INFORMANT Jessie L. Bush
(ADDRESS) Madison, Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE _____ DATE _____ 19 _____

19. UNDERTAKER neighbors & friends
(ADDRESS) Slackton Mo

20. FILED Jan 26, 1935 B. A. Cheek
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-6-1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 1, 1934, to Jan 6, 1935.
I last saw him alive on 1-6-1935. Death is said

to have occurred on the date stated above, at 3-P. m.
The principal cause of death and related causes of importance were as follows:

Chronic Bright's disease

Date of onset

Other contributory causes of importance:

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) H. J. Marshall, M. D.(Address) Slackton Mo

