

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.

MAR 15 1935

791

6947

**1. PLACE OF DEATH**

County..... Registration District No.....  
 Township..... Primary Registration District No.....  
 City St. Louis (No. City St. Louis)  
 18462 George Bushey (Registered No. 1354)  
 St. Ward

**2. FULL NAME**

(a) Residence, No. 3622 Appl. 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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 15 1894

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ..... hrs. or ..... min.
	<u>40</u>	<u>3</u>	<u>21</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mechanic

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) St. Louis Mo

13. NAME Frank Bushey

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo

15. MAIDEN NAME Philomena Jones

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo

17. INFORMANT (ADDRESS) Ray J. M. Kemp  
City St. Louis

18. BURIAL, CREMATION, OR REMOVAL PLACE Mont Oliv. Cem DATE Feb. 9 1935

19. UNDERTAKER (ADDRESS) J. P. Fyfe  
1218  
FEB 8 1935

20. FILED 19 J. P. Fyfe Registrar.

**MEDICAL CERTIFICATE OF DEATH**

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

22. I HEREBY CERTIFY, That I attended deceased from 2/4, 1935, to 2/6, 1935.

I last saw him alive on 2/6, 1935. Death is said to have occurred on the date stated above, at 7:10 a.m.

The principal cause of death and related causes of importance were as follows:

Solar Pneumonia  
108

Name of operation..... Date of.....  
 What test confirmed diagnosis?..... Was there an autopsy? Yes

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) W. H. McCain, M. D.

(Address) City St. Louis

