

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.

22057

1. PLACE OF DEATH
 County Andrew Registration District No. 912
 Township Cuivre Primary Registration District No. 6232A
 City _____ No. _____ St. _____ Ward _____

2. FULL NAME David C. Bushnell
 (a) Residence, No. not known 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.

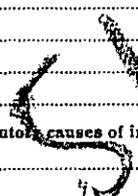
PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Annie Bushnell</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan 7 - 1867</u>		
7. AGE	YEARS <u>68</u>	MONTHS <u>6</u>
	DAYS <u>9</u>	IF LESS than 1 day;hrs. ormin.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>	
	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) <u>Illinois</u>		
FATHER	13. NAME <u>D. S. Bushnell</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Not known</u>	
MOTHER	15. MAIDEN NAME <u>Mary Ann Carpenter</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Not known</u>	
17. INFORMANT <u>Mrs. Annie Bushnell</u> (ADDRESS) <u>Ladonia, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Ladonia, Mo.</u> DATE <u>July 18 1935</u>		
19. UNDERTAKER (ADDRESS) <u>H. H. Gray & Co. Ladonia, Mo.</u>		
20. FILED <u>July 31, 1935</u> <u>Mollie Pugh</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July, 14 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan. 15, 1935 to July, 14 - 35
 I last saw him alive on July, 14, 1935 Death is said to have occurred on the date stated above, at 3.30 P.M.
 The principal cause of death and related causes of importance were as follows:
Carcinoma of prostate Date of onset Jan. 35

Other contributory causes of importance:


Name of operation Removal of prostate 6.6.35
 What test confirmed diagnosis? Microscopical In autopsy? No

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) W. K. McCall, M. D.
 (Address) Ladonia Mo.

WHITE PAPER, WITH UNFADING INK--THIS IS A PERMANENT RECORD

