NOV 18 1935

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

Do not use this space.

31984

1. PLACE OF DEATH

County Buchanan — Registration District No. 86 — File No.

Township Washington — Primary Registration District No. 5127 — Registered No. 80

City ~~St. Joseph Mo~~ (No. Frog Hop Rfd #4 St. Ward)

2. FULL NAME Clara Belle Bush

(a) Residence, No. 1722 So 6th 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: Female
4. COLOR OR RACE: Colored
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov 25, 1899

7. AGE: Years 35 — Months 10 — Days 11 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House Maid
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Frog Hop RFD 4
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): Freeman Okla

FATHER

13. NAME: Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Unknown

MOTHER

15. MAIDEN NAME: Maria Clark
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Unknown Ky

17. INFORMANT (ADDRESS): W.M. Clark Frog Hop

18. BURIAL, CREMATION, OR REMOVAL
PLACE City Cem DATE Oct 10, 1935

19. UNDERTAKER (ADDRESS): B.F. Graves Funeral Home 806 South 17th St. St. Joseph

20. FILED Oct 10, 1935 J. J. Bauhaus Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I ~~attended~~ deceased ~~from~~ on Oct. 6, 1936, to ....., 19....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 8:30 a.m.

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

Gunshot Wound (Homicide) Fractured Skull. Bullet in brain

Date of onset

Other contributory causes of importance: no facts

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Name of operation: none Date of

What test confirmed diagnosis? Phy Ex Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Homicide Date of injury 8/6, 1935

Where did injury occur? Buchanan Co. Mo (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Public Place

Manner of injury Gunshot Wound

Nature of injury Bullet in brain

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Tomas Thomas Coroner, M. D.

(Address) 731 Faraon

MARGIN RESERVED FOR BINDING

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.

V. S. No. 2 100M-11-24-33