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

AUG 15 1936

Do not use this space.

1. PLACE OF DEATH
County Buchanan — Registration District No. 83 — File No. 25520
Township Crawford — Primary Registration District No. 5124 — Registered No.
City (No. Halleck, Missouri St. Ward)

2. FULL NAME John Henry Bush,
(a) Residence, No. Halleck, Mo. 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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 28, 1884

7. AGE: YEARS 52 — MONTHS 2 — DAYS 10 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labor for
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. W. P. A.
10. Date deceased last worked at this occupation (month and year) 8 days ago
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wallace, Missouri

FATHER
13. NAME Steve Bush
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wallace, Missouri

MOTHER
15. MAIDEN NAME Sarah Noble
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wallace, Missouri

17. INFORMANT (ADDRESS) Mrs. Florence Bush Halleck, Missouri

18. BURIAL, CREMATION, OR REMOVAL
PLACE Turner cemetery DATE July 10, 1936

19. UNDERTAKER (ADDRESS) E. R. SIDENFADEN FUNERAL HOME 602 South 10th Street

20. FILED 7/9 1936 W. S. Hull Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 8th, 1936

22. I HEREBY CERTIFY, That I ~~attended~~ viewed deceased from July 9, 1936, to ....., 19....
I ~~last~~ saw ~~him~~ ~~alive~~ on July 9, 1936. Death is said to have occurred on the date stated above, at 7:55P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bilateral bronchopneumonia	7-2-36 ?

Other contributory causes of importance:

Secondary meningitis	7-5-36 ?
Acute heart failure (dilatation)	7-8-36

Name of operation None Date of
What test confirmed diagnosis? Autopsy 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? no
If so, specify
(Signed) Cabray Wortley, M.D. acting Coroner, M. D.
(Address) 731 Faraon St. St. Joseph, Mo.

1074

...ARMATHIS IS A PERMANENT RECORD
...ly supplied. AGE should be stated EXACTLY. PHYSICIANS should state
...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.

1. PLACE OF DEATH

County Buchanan — Registration District No. 83 — File No.

Township Crawford — Primary Registration District No. 5724 — Registered No.

City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME John Henry Bush

(a) Residence, No. ..... 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	married

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

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

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day ..... hrs. or ..... min.
	52	2	10	

OCCUPATION

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

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)

FATHER

13. NAME

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

MOTHER

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE ..... DATE 19

19. UNDERTAKER (ADDRESS)

20. FILED 8/25/ 1936 M. S. Hull Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 8, 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

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

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

	Date of onset
Bilateral Pneumonia	
followed by acute	
heart failure not organic	
Non-Epidemic Meningitis	
following Pneumonia	

Other contributory causes of importance:

Secondary meningitis
acute heart failure
(dilatation)

Name of operation none Date of 7-8-1936

What test confirmed diagnosis? Autopsy Was there an autopsy? yes

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

Accident, suicide, or homicide? no 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) Cobray Warthey act cor, M. D.

(Address) 731 Larson St
St Joseph Mo

SUPPLEMENTARY

B.—[illegible] of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state [illegible] may be properly classified. Exact statement of OCCUPATION is very important.

5-25520