

AUG 12 1936

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

Do not use this space.

26355

1. PLACE OF DEATH

County HarrisonRegistration District No. 339

Township

Primary Registration District No. 42001City Mt. Moriah, (No. _____) St. _____ Ward _____

File No. _____

Registered No. 7

2. FULL NAME

Lee EBussell

(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

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

Zelpha Bussell

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

3/24/1868

7. AGE

YEARS

72

MONTHS

4

DAYS

5

If LESS than 1 day, _____ hrs. or _____ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Farmer-Merchant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Missouri10. NAME OF FATHER Elihu Bussell

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) not known12. MAIDEN NAME OF MOTHER Sarah Milner

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) not known

14.

INFORMANT Zelpha Bussell(Address) Mt. Moriah, Mo

15.

FILED

7/30 1936

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 7/29/36 1936

17.

I HEREBY CERTIFY, That I attended deceased from April 27th 1936, to July 29th 1936, that I last saw him alive on July 29th 1936, and that death occurred, on the date stated above, at 4:30 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Nephritis(duration) 8 yrs. _____ mos. _____ ds.

CONTRIBUTORY (SECONDARY)

(duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH HomeDID AN OPERATION PRECEDE DEATH? no DATE OF _____WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) G. Sellers, M. D., 19 (Address) Mt. Moriah, Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Washburn Cemetery7/30 - 1936

20. UNDERTAKER

ADDRESS

J. M. ChambersMt. Moriah Mo

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.

