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.

JAN 23 1937

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

Do not use this space.

45903

1. PLACE OF DEATH
County Randolph — Registration District No. 736 — File No.
Township Prarie — Primary Registration District No. 5964 — Registered No. 16
City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME Joseph Riley Bush,
(a) Residence, No. Near Renick, St., ... Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 2 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): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 21-1910

7. AGE — YEARS 26 — MONTHS 7 — DAYS 25 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Caol Miner.
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) Deleware Okla.

FATHER
13. NAME Josh L. Bush,
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont Know.

MOTHER
15. MAIDEN NAME Viola Stevenson,
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

17. INFORMANT (ADDRESS) Mrs Viola Schnider, Renick, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Fairview, DATE Dec 18-36

19. UNDERTAKER (ADDRESS) Snow Funeral Home. Moberly, Mo.

20. FILED Dec 22 1936 G. T. Kimbrough Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 16 -1936

22. I HEREBY CERTIFY, That I attended deceased from Coroner, 19..., to case, 19...
I last saw h..... alive on ....., 19... Death is said to have occurred on the date stated above, at 1.30 PM. m.
The principal cause of death and related causes of importance were as follows:
Mine Accident
Rock fell on him
Date of onset

Other contributory causes of importance:

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

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 12/16, 1936
Where did injury occur? In mine near Renick
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
In industry
Manner of injury Rock fell on him
Nature of injury Severe injury to head bruises all over body

24. Was disease or injury in any way related to occupation of deceased? Yes
If so, specify Was working on coal mine
(Signed) E. W. Shrader, coroner, M. D.
(Address) Moberly, Mo.