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.

AUG 30 1937

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

Do not use this space.

1. PLACE OF DEATH
County Ralls
Township Center
City Center (No. ..... St. ..... Ward)

Registration District No. 725
Primary Registration District No. 4431

File No. 28144
Registered No. .....

2. FULL NAME Francis Marion 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: 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~~ Annie Bush

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 9 1868

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
68	10	21	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
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) Hassard Ralls

FATHER
13. NAME James Thomas Bush
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) near Hannibal Marion Co

MOTHER
15. MAIDEN NAME Elenor Maria Higbee
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) near Hannibal Marion Co

17. INFORMANT (ADDRESS) Lulu E Tighe Vandalia Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Hydesburg DATE July 25 1937

19. UNDERTAKER (ADDRESS) W. H. Couch Center Mo

20. FILED July 25, 1937 J. T. Howard Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 24, 1937

22. I HEREBY CERTIFY, That I attended deceased from March 29, 1937, to July 21, 1937
I last saw him alive on July 21, 1937. Death is said to have occurred on the date stated above, at 8:45 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	Jan 1937

Other contributory causes of importance: None Known

Name of operation ..... Date of .....
What test confirmed diagnosis? Very Easy. Was there an 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) Dr C. H. Brooks, M. D.
(Address) Center, Mo.