

JAN 25 1938

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

Do not use this space.

1. PLACE OF DEATH

County Shelby  
Township Salt River  
City Shelbina (No. \_\_\_\_\_)

Registration District No. 830  
Primary Registration District No. 6091

File No. 46918  
Registered No. 54  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Jessie J. 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 Female 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) June 28, 1869

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
68 5 20

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 235

10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) Monroe City (STATE OR COUNTRY) Missouri

13. NAME J. Porter Bush 14. BIRTHPLACE (CITY OR TOWN) Lexington (STATE OR COUNTRY) Kentucky

15. MAIDEN NAME Anna Gentry 16. BIRTHPLACE (CITY OR TOWN) Monroe County (STATE OR COUNTRY) Missouri

17. INFORMANT Mrs. Chas. Bush (ADDRESS) Shelbina, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Monroe City Mo. DATE 12-19 1937

19. UNDERTAKER E. Hayes (ADDRESS) Shelbina, Mo.

20. FILED Dec 18, 1937 Ruth Joyner Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 18, 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov. 24 to Dec. 18, 1937

I last saw her alive on Dec. 15, 1937. Death is said to have occurred on the date stated above, at 12:10 A.

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

Broncho-Pneumonia Date of onset \_\_\_\_\_

Other contributory causes of importance: 1070

Name of operation None Date of \_\_\_\_\_  
What test confirmed diagnosis? Clinical 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) J. G. Furnish, M. D.  
(Address) Shelbina, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

