WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

REC'D AUG 25 1938

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

Do not use this space.

25754

1. PLACE OF DEATH

54 County: Lafayette 1 — Registration District No. 454

Township: Davis — Primary Registration District No. 5624B

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

File No. .....

Registered No. 8

2. FULL NAME: Mary Catharine Bushman 955

(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): 11-5-1888

7. AGE: Years 49 — Months 8 — Days 4 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

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): Alma Mo.

FATHER

13. NAME: Christian Bushman

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

MOTHER

15. MAIDEN NAME: Ella Kalthoff

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

17. INFORMANT: Ernest Bushman
(ADDRESS) Alma, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Alma Luth. Cemetery DATE 7-11 1938

19. UNDERTAKER: A. H. Brewer
(ADDRESS) Alma Mo.

20. FILED 7/11 1938 Mrs Edith McClure
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 7-9 1938

22. I HEREBY CERTIFY, That I attended deceased from June 1 1938 to July 9 1938

I last saw h.. alive on July 9 1938. Death is said to have occurred on the date stated above, at 2:15 P. m.

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

	Date of onset
Chronic Bronchitis	about 1910
Other contributory causes of importance:	
Bronchiectasis	about 1935

Name of operation: ..... Date of: .....

What test confirmed diagnosis? clinical + Lab 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) L. S. James, M. D.

(Address) Blackburn, Mo.