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 OCT 21 1938

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

Do not use this space.

V 1

1. PLACE OF DEATH
52 County Knox
Township Center
City Edina, Mo. (No. 2 O, St., Ward)

Registration District No. 441
Primary Registration District No. 4259

File No. 32549
Registered No. 32

2. FULL NAME Edward Roush

(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 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
M	W.	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED — HUSBAND OF (OR) WIFE OF: Margaret Taylor

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 11-2-1871

7. AGE — YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
66	10	23	

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) Edina Mo.

FATHER

13. NAME James Henry Roush

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Edina Mo.

MOTHER

15. MAIDEN NAME X

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

17. INFORMANT (ADDRESS) Margaret Roush Edina Mo.

18. BURIAL, CREMATION, OR REMOVAL — PLACE Mt. Carmel DATE 9-27-1938

19. UNDERTAKER (ADDRESS) Mrs. J. W. Hudson. Edina, Mo.

20. FILED 9-26-1938 Mrs. C. M. Smith Registrar. 215

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 25, 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb. 1, 1938 to Sept. 25, 1938

I last saw him alive on Sept. 25, 1938. Death is said to have occurred on the date stated above, at 9:50 A.m.

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

	Date of onset
Carcinoma Colon	unk
Chronic interstitial nephritis	unk
410	

Other contributory causes of importance:

Chronic Valvular heart disease arterio sclerosis & Hypertension

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? Yes

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. Graham Gray MD, M.D.

(Address) Edina, Mo.

RECEIVED
District Health Officer No. 10
District File Number 10-38-256
Date Filed 10-12-38