DEC 23 1938

DEC'D JAN 6 1939

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

Do not use this space.

44537

1. PLACE OF DEATH

96

County St. Louis 1 Registration District No. 784 File No.

Township Carondelet 1 Primary Registration District No. 200 Registered No. 2103

City ~~Koch, Mo.~~ (No. , Koch Hosp. St. Ward)

200

2. FULL NAME Bush, Cornell

(a) Residence, No. 2936 a Lucas St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 10 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: Negro
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF: Robert C. Bush

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb. 16, 1916

7. AGE: YEARS 22 MONTHS 10 DAYS 5 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housekeeper
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): Arkansas 1

FATHER

13. NAME: John Houston
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Arkansas 1

MOTHER

15. MAIDEN NAME: Zella Williams
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Arkansas 1

17. INFORMANT (ADDRESS): James Huston E St Louis Ill

18. BURIAL, CREMATION, OR REMOVAL
PLACE: E St Louis Ill DATE: 12/24, 1938

19. UNDERTAKER (ADDRESS): [illegible] E St Louis Ill

20. FILED DEC 23 1938 T. A. Meyer M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 12/21, 1938

22. I HEREBY CERTIFY, That I attended deceased from 7/1, 1938, to 12/21, 1938

I last saw her alive on 12/21, 1938. Death is said to have occurred on the date stated above, at 9:25 P.m.

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

	Date of onset
Pulmonary Tuberculosis	April 1935

23

Other contributory causes of importance: Secondary Anemia

Name of operation — Date of

What test confirmed diagnosis? Sputum 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) [illegible] McCool M. D.

(Address) Koch, Md.

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.

Embalmed by Wm. E. Offen
Reg# 3518