

REC'D APR 7 1939

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

Do not use this space.

10899

1. PLACE OF DEATH

40
4
2

County Greene 2
Township Princeton 1
City Princeton (No.)

Registration District No. 328
Primary Registration District No. 3017

File No.
Registered No.
St. Ward)

2. FULL NAME

Mrs. Lais Veronica Bush

(a) Residence, No. 1314 East 6th St. 4 Ward.

(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 1 yrs. 5 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) married

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Archie V. Bentley

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 19 1908

7. AGE YEARS MONTHS DAYS 30 1 24 1/2 LESS than 1 day, hrs. or min.

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.

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) Princeton mo

FATHER 13. NAME George Bush

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Princeton mo

MOTHER 15. MAIDEN NAME Addie

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Princeton mo

17. INFORMANT Mrs. George Bush (ADDRESS) Princeton mo

18. BURIAL, CREMATION, OR REMOVAL PLACE R. P. Cemetery DATE Feb 15 1939

19. UNDERTAKER Hemley Funeral Home (ADDRESS) Princeton mo

20. FILED 2-14-39 Jene D. Jay Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 13th 1939

22. I HEREBY CERTIFY, That I attended deceased from Sept, 1937, to Feb 13, 1939

I last saw him alive on Feb 17, 1939. Death is said to have occurred on the date stated above, at 2:30 a.m.

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

Pulmonary Tuberculosis Date of onset -

Other contributory causes of importance: 27

Name of operation none Date of
What test confirmed diagnosis? X-Ray 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) W. A. Zueser M. D.

(Address) Princeton Mo
300

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD-- 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.

RECEIVED

District Health Officer No. 11,

District File Number 39-172

Date Filed MAR 24 1939