

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

Do not use this space.

8650

1. PLACE OF DEATH

County Clinton Registration District No. 347
 Township Clinton Primary Registration District No. 5488
 City Clinton (No. 110) St. _____ Ward _____

File No. _____
 Registered No. 37

2. FULL NAME Mary E 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

MEDICAL CERTIFICATE OF DEATH

3. SEX _____ 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED married

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar 17 1928

Female

17. I HEREBY CERTIFY, That I attended deceased from _____
Jan 23, 1928, to _____, 1928.
 that I last saw him alive on Feb 27, 1928, and that death occurred, on the date stated above, at _____ A. M.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Owen M. Bush

THE CAUSE OF DEATH WAS AS FOLLOWS:

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 11 1846

Sanity

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
82 | 1 | 6

15/6/48

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work House Keeper
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

CONTRIBUTORY (SECONDARY) _____
 (duration) _____ yrs. _____ mos. _____ ds.

9. BIRTHPLACE (CITY OR TOWN) City of La
 (STATE OR COUNTRY)

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH: _____

10. NAME OF FATHER James D. Noel

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____
 (STATE OR COUNTRY)

19. WAS THERE AN AUTOPSY? no

12. MAIDEN NAME OF MOTHER Elizabeth Noel

WHAT TEST CONFIRMED DIAGNOSIS? none
 (Signed) J. M. Miller, M. D.
 , 19 (Address) Clinton Mo.

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____
 (STATE OR COUNTRY)

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

14. INFORMANT Jim Bush
 (Address) Clinton R R 3

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Clinton Mo DATE OF BURIAL Mar 18 1928

15. FILED Mar 17 1928 Dr. E. C. Peeler
 REGISTRAR

20. UNDERTAKER James Wilkerson & Co Mo
 ADDRESS Clinton Mo

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.

1928

No.	Name	Age	Sex	Religion	Occupation	Education	Marital Status	Income	Assets	Liabilities	Net Worth
1	John Doe	35	M	Catholic	Teacher	High School	Married	\$50,000	\$100,000	\$20,000	\$130,000
2	Jane Smith	42	F	Protestant	Nurse	College	Single	\$30,000	\$50,000	\$10,000	\$40,000
3	Robert Brown	55	M	Jewish	Engineer	University	Married	\$70,000	\$200,000	\$50,000	\$150,000
4	Mary White	60	F	Methodist	Retired	High School	Widowed	\$25,000	\$30,000	\$5,000	\$25,000
5	David Green	28	M	Muslim	Student	College	Single	\$15,000	\$10,000	\$2,000	\$8,000
6	Elizabeth Black	70	F	Anglican	Retired	High School	Widowed	\$40,000	\$80,000	\$15,000	\$65,000
7	Michael Gray	45	M	Buddhist	Software Engineer	University	Married	\$60,000	\$150,000	\$30,000	\$120,000
8	Sarah Lee	30	F	Hindu	Marketing Executive	College	Single	\$45,000	\$70,000	\$12,000	\$58,000
9	James King	65	M	Evangelical	Retired	High School	Widowed	\$35,000	\$60,000	\$10,000	\$50,000
10	Patricia Hill	50	F	Presbyterian	Accountant	College	Married	\$55,000	\$90,000	\$20,000	\$70,000

Table 1

Table 2

Table 3