

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

Do not use this space.

1. PLACE OF DEATH

County Henry
Township Honey Creek
City _____ (No. _____)

Registration District No. 347
Primary Registration District No. 5491

File No. 37769
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Henry Bushman
(a) Residence, No. R.R. Clinton 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) wid

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Dora Bushman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 2 1894

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
63 7 21

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) Germany

13. NAME Henry Bushman

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

15. MAIDEN NAME Johanna

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

17. INFORMANT Carl Bushman
(ADDRESS) Clinton Mo R.R.

18. BURIAL, CREMATION, OR REMOVAL PLACE Englewood DATE 11/3 1937

19. UNDERTAKER Consolidated
(ADDRESS) Clinton Mo

20. FILED Nov 6 1937
J. H. Hampton Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-1 1937

22. I HEREBY CERTIFY, That I attended deceased from 6-15 1937 to 10-1 1937

I last saw him alive on 10-28 1937 Death is said to have occurred on the date stated above, at 8:30 A.M.

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

Carcinoma of Rectum 1932
Date of onset

Other contributory causes of importance: H6

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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) James O. Smith, M. D.
(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.

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smith,

1937-11-31

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