SEP 27 1928

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

Do not use this space.

28478

1. PLACE OF DEATH
County St. Louis — Registration District No. 1170 — File No.
Township — Primary Registration District No. 6248H — Registered No. 202
City — (No. St. Mary's Hospital St. Ward)

2. FULL NAME John Bushell
(a) Residence. No. 2201 Delmar St., Ward. Granite City Ill.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. mos. 20 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 14 1909

7. AGE: Years 20 — Months 11 — Days 20 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Student
(b) General nature of industry, business, or establishment in which employed (or employer): Kenrick Seminary
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Madison
(STATE OR COUNTRY) Illinois

PARENTS
10. NAME OF FATHER John Bushell
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Shipman
(STATE OR COUNTRY) Ill.
12. MAIDEN NAME OF MOTHER Theresa Dillon
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Shipman
(STATE OR COUNTRY) Ill.

14. INFORMANT John Bushell
(Address) Granite City Ill.

15. FILED 8/24 1928 C L Jensen
REGISTRAR

4 **MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 24 1928

17. I HEREBY CERTIFY, That I attended deceased from Aug 3, 1928, to Aug 23, 1928 that I last saw him alive on Aug 23, 1928, and that death occurred, on the date stated above, at 12:00 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Empyema 93
(duration) yrs. mos. 24 ds.

CONTRIBUTORY (SECONDARY) Chronic Myocarditis
Bronchiectasis several years
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? yes DATE OF Aug 5-8-28
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) J. L. Marder, M. D
, 19 (Address) 2806 N. Grand Blvd

*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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Calvary Cem. Madison Co. Ill. — DATE OF BURIAL: Aug 27 1928

20. UNDERTAKER: Francis J. Lahey — ADDRESS: Madison Ill.

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.

1571 [illegible]
Richmond Heights