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

Do not use this space.

25161

File No.
Registered No. 57

1. PLACE OF DEATH

County: Linn
Township: Brookfield
City: R.F.D. (No. ..... St. ..... Ward)

Registration District No. 496
Primary Registration District No. 5660

2. FULL NAME Ruth Bushnell

(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 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
F	W	Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): 1 - 1 1838

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
91	~~5~~ 6	4	

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

9. BIRTHPLACE (CITY OR TOWN): Bennington Co.
(STATE OR COUNTRY): Vermont

PARENTS

10. NAME OF FATHER: Mr. Mason
11. BIRTHPLACE OF FATHER (CITY OR TOWN): Bennington Co
(STATE OR COUNTRY): Vt.
12. MAIDEN NAME OF MOTHER: Do not know
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Bennington Co.,
(STATE OR COUNTRY): Vt.

14. INFORMANT: Murry Bushnell
(Address): Brookfield, Mo

15. FILED 7-6, 1929 Bessie M. Fore, Deputy REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July, 5th. 1929

17. I HEREBY CERTIFY, That I attended deceased from June 14, 1929, to July 5, 1929, that I last saw h. alive on July 5, 1929, and that death occurred, on the date stated above, at 9 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chr. Myocarditis
93c
(duration) yrs. mos. ds.

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

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH —
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical Sym
(Signed) Jane Evans, M. D.
July 6, 1929. (Address) Brookfield Mo

*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: Rose Hill Cemetery
DATE OF BURIAL: 7/7/29 19

20. UNDERTAKER: C.W.Hill, Brookfield
ADDRESS

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.