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

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.

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

Do not use this space.

43035

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 1003 Registered No. 905

City St Louis (No. 3341a Pennsylvania St. ..... Ward)

2. FULL NAME Agnes E. Bush

(a) Residence. No. 3341a Pennsylvania St., 16 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 15 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)
Female	White	Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Widow of Dr. E. Bush.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 4. 1859.

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
72.	11	21.	

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 Self.

9. BIRTHPLACE (CITY OR TOWN) Long Town (STATE OR COUNTRY) Mo.

PARENTS

10. NAME OF FATHER Miles Farrer

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

12. MAIDEN NAME OF MOTHER Sophina Abernathey

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Perry County (STATE OR COUNTRY) Missouri

14. INFORMANT Mrs Jessie Klobe (Address) 3341a Pennsylvania

15. FILED JAN 27 1932 Max C. Starkey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 25, 1931

17. I HEREBY CERTIFY, That I attended deceased from Dec. 22, 1931, to Dec 25, 1931 that I last saw her alive on Dec 25, 1931 and that death occurred, on the date stated above, at 5. 50. P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

131 Acute Myocarditis
93 (duration) ..... yrs. ..... mos. 4 ds.

CONTRIBUTORY (SECONDARY) Chronic Interstitial Nephritis (duration) 1 yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH .....
9 DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? Examination Physical
(Signed) Julius Chas Ratter, M. D.
, 19 (Address) 2603 Cherokee St

*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	DATE OF BURIAL
Long Town Mo.	Dec 27 1931
20. UNDERTAKER	ADDRESS
McLaughlin	1631 Missouri