

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

Do not use this space.

APR 7 1935

8670

**1. PLACE OF DEATH**

County Linn Registration District No. 288  
 Township Independence Primary Registration District No. 3477  
 City Independence (No. 1) St. Mo. Ward 1

**2. FULL NAME**

Albert James Bushow  
 (a) Residence, No. Courty Farm St. Ward. 1  
 (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) widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Exact date unknown

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
About 57 — — —

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Cook  
 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) Ill.

13. NAME Don't know

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

15. MAIDEN NAME Don't know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

17. INFORMANT Wynh Leonard  
 (ADDRESS) Kenett Co. Farm

18. BURIAL, CREMATION, OR REMOVAL PLACE Courty Cem DATE 3-12- 1935

19. UNDERTAKER Courty  
 (ADDRESS) Kenett mo

20. FILED 4-9-35, 1935 Thuler Dovi  
 Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-11- 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov. 3- 1932, to 3-5- 1935

I last saw him alive on 3-5- 1935. Death is said

to have occurred on the date stated above, at 11:20 a.m.

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

Chronic Syphilis  
34  
Epilepsia - Chronic  
Nephritis

Other contributory causes of importance:

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? \_\_\_\_\_

If so, specify \_\_\_\_\_

(Signed) Wynh Leonard, M. D.

(Address) Kenett 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.

