

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

Do not use this space.

1. PLACE OF DEATH JUN 17 1937
 14 County Callaway Registration District No. 104
 Township _____ Primary Registration District No. 3008
 City Fulton (No. 2) St. _____ Ward _____

2. FULL NAME Sam Will Bush
 (a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode)
 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. (If nonresident, give city or town and State)

19627
 File No. _____
 Registered No. 133

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 11/22/1884

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,hrs. ormin.
	52	5	18	

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) May 1937 **11. Total time (years) spent in this occupation.** _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

FATHER
13. NAME Allen Bush
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

MOTHER
15. MAIDEN NAME Elizebeth Sanford
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

17. INFORMANT Brown Bush
 (ADDRESS) New Bloomfield, Mo.

18. BURIAL, CREMATION, OR REMOVAL
Bush cemetery DATE 5/12/1937

19. UNDERTAKER Ray A. Holt
 (ADDRESS) New Bloomfield, Mo.

20. FILED May 12 1937 R. M. Cream
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 10th., 1937

22. I HEREBY CERTIFY, That I attended deceased from May 10/37 ¹⁹ to May 10/37, 19____
 I last saw h. im alive on May 10th. / 37, 19____ Death is said to have occurred on the date stated above, at 2-P.M. m.
 The principal cause of death and related causes of importance were as follows:
Gunshot wound, in head. Date of onset _____

Other contributory causes of importance: _____

Name of operation _____ Date of _____
 What test confirmed diagnosis? P. E. Probe Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Suicide Date of injury 5/10/37
 Where did injury occur? Dixie No. at Brown Bush, 8
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
Brothers stable or crib.

Manner of injury Gun shot, (22 cal. Rifle)
 Nature of injury Gunshot, Rifle, 22, cal.

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____
 (Signed) Greene A. Mocal M. D.
 (Address) Fulton Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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