REC'D FEB 21 1939

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

2081
Do not use this space.

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.

27
2
2

1. PLACE OF DEATH

(a) County Cooper 2 — Registration District No. 218

(b) Township — Primary Registration District No. 3015 — Registered No. 4

(c) City Boonville, — (d) Street No. Morgan Street St.

(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred 2 00 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Infant of Mr. & Mrs. Jerry Bush

(a) Residence, No. Morgan Street Boonville, St.

(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	Colored	Infant

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 16, 1939

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
0	0	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as saw mill, bank, etc.

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) Boonville, Missouri

FATHER

13. NAME Jerry Bush

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Fayette, Mo.

MOTHER

15. MAIDEN NAME Harriett Overton

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cooper County Missouri

17. INFORMANT Mr. Jerry Bush
(ADDRESS) Morgan St. Boonville, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE City Cemetery DATE Jan. 17, 1939

19. FUNERAL DIRECTOR (NAME) L. J. Greiter
(ADDRESS) Boonville, Missouri

20. FILED Jan 17 1939 D. S. Cooper Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) about Jan. 13, 1939

22. I HEREBY CERTIFY, That I attended deceased from not attended, 19..., to ..., 19...

I last saw he alive on not seen alive, 19... Death is said to have occurred on the date stated above, at ...m. time unknown

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

Stillborn
(~~cause of death unknown~~)
Syphilis

Date of onset

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? no

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? no

If so, specify

(Signed) J. C. Tincher M. D.

197 (Address) Boonville, Mo.
Coroner of Cooper County Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8
District File Number
Date Filed 7/6/39

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, E. Benjamin Cast, or by .....

Registered Apprentice No. ....., working under my personal supervision.

Signed E. Benjamin Cast

Licensed Embalmer No. 4059

P. O. Address 415 4th St

Boonville, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.