REG'D SEP 19 1939

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

Do not use this space.

File No. 28468

Registered No.

1. PLACE OF DEATH

County Atchison — Registration District No. 17

Township Clark — Primary Registration District No. 4011

City Fairfax (No. ..... St. ..... Ward)

2. FULL NAME Wilfred Lorin Gush

(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 yrs. 4 mos. 0 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 15, 1916

7. AGE: Years 23 | Months 4 | Days 3 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

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) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Milton, Mo

FATHER

13. NAME Mr. Sam Gush

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

MOTHER

15. MAIDEN NAME Birdie Williams

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Fairfax, Mo.

17. INFORMANT (ADDRESS) Mr. Sam Gush, Fairfax, Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE English Grove DATE 8/19 1939

19. UNDERTAKER (ADDRESS) Schooler Bros. Craig Mo

20. FILED 8/19 1939 Etta B. Black Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8/18 1939

22. I HEREBY CERTIFY, That I attended deceased from Aug 11 1939 to Aug 18 1939

I last saw him alive on Aug 15 1939. Death is said to have occurred on the date stated above, at 10 m.

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

	Date of onset
Capillary Bronchitis	8-13-39

Other contributory causes of importance: 107 lb

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?

If so, specify

(Signed) Owen Hamilton, M. D.

(Address) Fairfax 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.

No. 11
939-1195
SEP 13 1939