

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

Do not use this space.

30876

1. PLACE OF DEATH

County Jackson Registration District No. 300
 Township Raw Primary Registration District No. 100
 City Kansas City (No. 5242) Warfield Registered No. 4758
 St. _____ Ward _____

2. FULL NAME

(a) Residence. No. 3242 Warfield St. _____ Ward. Leavenworth Kans.
 (Usual place of abode) (If nonresident give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. 7 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) widower

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 20, 1840

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
80 3 11

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Evansville
 (STATE OR COUNTRY) Ind.

10. NAME OF FATHER Austin Bush

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Germany
 (STATE OR COUNTRY) _____

12. MAIDEN NAME OF MOTHER Wm. Seely

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Ind.
 (STATE OR COUNTRY) _____

14. INFORMANT Mrs. N. J. Backes
 (Address) 5242 Warfield

15. FILED 11/19/28 M. M. Crow
 REGISTRAR Asst.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct. 31 1928

17. I HEREBY CERTIFY, That I attended deceased from Oct. 28, 1928, to Oct. 30, 1928 that I last saw him alive on Oct. 30, 1928 and that death occurred, on the date stated above, at _____ m.
 THE CAUSE OF DEATH* WAS AS FOLLOWS:
Alzheimers

CONTRIBUTORY (SECONDARY) _____
 (duration) yrs. mos. ds. 3 ds.

18. WHERE WAS DISEASE CONTRACTED _____
 IF NOT AT PLACE OF DEATH, _____

DID AN OPERATION PRECEDE DEATH, and DATE OF _____
 WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? James O. Brown, M.D.
 (Address) 5241-2-15 Warfield Kansas City Mo

*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 Memorial Pk. DATE OF BURIAL Nov. 2 1928

20. UNDERTAKER D. H. Newcomer ADDRESS Sono R. 6 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.

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