

FEB 23 1928

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

Do not use this space.

1. PLACE OF DEATH

County Randolph
Township Moberly
City Moberly (No. 507 Johnson)

Registration District No. 735
Primary Registration District No. 8034

File No. 6009
Registered No. 36
St. 4th Ward

2. FULL NAME

(a) Residence. No. 507 Johnson St., 4th Ward.
(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 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 Mary Busch

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 15th 1857

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
70 1 24

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) Germany
(STATE OR COUNTRY)

10. NAME OF FATHER George Busch

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT Mrs Mary Busch
(Address) Moberly Mo.

15. FILED 2-18, 1928 J. Pos. S. Fleming
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 9th 1928

17. I HEREBY CERTIFY, That I attended deceased from Aug 15, 1927, to Feb 8, 1928, and that I last saw him alive on Feb 8, 1928, and that death occurred, on the date stated above, at 6:05 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Myocarditis
121
220/129 W (duration) 1 yrs. 0 mos. 0 ds.
CONTRIBUTORY (SECONDARY) Chronic Interstitial Nephritis 2 (duration) 2 yrs. 0 mos. 0 ds.

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

DID AN OPERATION PRECEDE DEATH..... DATE OF.....

WAS THERE AN AUTOPSY.....

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) C. F. Anderson, M. D.

2-11, 1928 (Address) Moberly, 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 Oakland, Moberly Mo. DATE OF BURIAL 2-11 1928

20. UNDERTAKER Mohaw and Son ADDRESS Moberly Mo.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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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