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

Do not use this space.

19348

File No. —

Registered No. 2330

1. PLACE OF DEATH

County: Jackson

Township: Kaw

City: Kansas city (No. 3601 Montgall St. Ward)

Registration District No. 399

Primary Registration District No.

2. FULL NAME: Robert Monte Bucher

(a) Residence. No. 3601 Montgall 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)

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): May 16 - 1930

7. AGE: Years | Months | Days: 16 | If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Infant

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN): Kansas city
(STATE OR COUNTRY): Mo

PARENTS

10. NAME OF FATHER: William A. Bucher

11. BIRTHPLACE OF FATHER (CITY OR TOWN): Leavenworth
(STATE OR COUNTRY): Kans.

12. MAIDEN NAME OF MOTHER: Dorthy Schwartz

13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Billings
(STATE OR COUNTRY): Mont.

14. INFORMANT: William Boucher
(Address) 3601 Montgall K.C. Mo

15. FILED 6/3, 1930 M. M. Crowe
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): June 2 1930

17. I HEREBY CERTIFY, That I attended deceased from May 28, 1930, to June 2, 1930, that I last saw h. alive on 6-2, 1930, and that death occurred, on the date stated above, at 7:30 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Fulminating Purpura

70A

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. ds.

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

DID AN OPERATION PRECEDE DEATH? No. DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Harry M Kelsey, M. D.

June 5, 1930 (Address) 616 Argyle 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: Leavenworth, Kansas

DATE OF BURIAL: June 2 1930

20. UNDERTAKER: J. C. Davis Und Co

ADDRESS: Leavenworth Ks

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.