

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

Do not use this space.

23234

**1. PLACE OF DEATH**

County Jasper  
Township Midway  
City Carthage (No. ....)

Registration District No. 408  
Primary Registration District No. 3020

File No. ....  
Registered No. ....  
St. .... Ward)

**2. FULL NAME** Davis M. Buerger

(a) Residence, No. 809 Burling St., Ward. ....  
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>
-----------------------	----------------------------------	--

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 20, 1958

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>71</u>	<u>11</u>	<u>21</u>	

**8. OCCUPATION OF DECEASED**

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

9. BIRTHPLACE (CITY OR TOWN) Ontario  
(STATE OR COUNTRY) Canada

PARENTS	10. NAME OF FATHER <u>Jack Buerger</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) <u>Unknown</u> (STATE OR COUNTRY) <u>Canada</u>
	12. MAIDEN NAME OF MOTHER <u>Barbara Kutz</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) <u>Unknown</u> (STATE OR COUNTRY) <u>Ohio</u>

14. INFORMANT Elmer Buerger  
(Address) Pittsburg, Kansas

15. FILED 7-14-30 CDH Wetcham  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 11, 1930

17. I HEREBY CERTIFY, That I attended deceased from July 11, 1930 to July 11, 1930  
(that I last saw him alive on July 11, 1930 and that death occurred, on the date stated above, at 4:30 p.m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Bright's Disease  
132A

**CONTRIBUTORY (SECONDARY)**

129B

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) T. E. Baker, M. D.

7-14-30 (Address) Carthage, 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 Park Cemetery DATE OF BURIAL July 14, 1930

20. UNDERTAKER Knell Mortuary ADDRESS Carthage, 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.

