

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

Do not use this space.

40737

1. PLACE OF DEATH

County Henry Registration District No. 347
 Township CD Primary Registration District No. 5488
 City Clinton Mo (No. _____) St. _____ Ward _____

File No. _____
 Registered No. 131

2. FULL NAME

(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. 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		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>11-7-1867</u>		
7. AGE <u>64</u>	YEARS	MONTHS
		DAYS
		If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>	
	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

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/26, 1931
 22. I HEREBY CERTIFY, That I attended deceased from 12/10, 1931, to 12/26, 1931
 I last saw him alive on 12/26, 1931. Death is said to have occurred on the date stated above, at 3:00 p.m.
 The principal cause of death and related causes of importance were as follows:

Typhoid Fever Date of onset 12/4/31
107A
100A
 Other contributory causes of importance:
Pneumonia 12/4/31
Cholera Intermittent 12/1/31
 Name of operation none Date of _____
 What test confirmed diagnosis? Phisical Was there an autopsy? no

MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Don't know</u>
	13. NAME <u>Fredrich Busse</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>
	15. MAIDEN NAME <u>Elizabeth Bruke</u>
FATHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>
	17. INFORMANT (ADDRESS) <u>Ida May Busse</u>
	18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Naperville</u> DATE <u>12-27</u> 19 <u>31</u>
19. UNDERTAKER (ADDRESS) <u>Sparrowson</u>	
20. FILED <u>12/26</u> 19 <u>31</u> <u>E.C. Peeler</u> Registrar.	

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? no
 If so, specify _____
 (Signed) E.C. Peeler, M. D.
 (Address) Clinton 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.

