

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

Do not use this space.

1. PLACE OF DEATH

County Saline
Township Liberty
City (No. _____) _____ St. _____ Ward _____

Registration District No. 801
Primary Registration District No. 6045

File No. 3380
Registered No. _____

2. FULL NAME

Kenneth Omar Mittelbuscher
(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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Child

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 2, 1931

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
1 13

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
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 _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Saline Co Mo

13. NAME Omar Mittelbuscher

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Charles Mo

15. MAIDEN NAME Grace Roscher

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Saline Co Mo

17. INFORMANT (ADDRESS) Omar Mittelbuscher Summit Springs Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Fairview DATE Jan 16 32

19. UNDERTAKER (ADDRESS) R C Carter Summit Springs Mo

20. FILED 1-16-32 H. H. P. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 15, 1932

22. I HEREBY CERTIFY. That I attended deceased from Dec 2-1931, 1931, to Jan 15th, 1932

I last saw him alive on Jan 12, 1932. Death is said to have occurred on the date stated above, at 4:30 p.m.

The principal cause of death and related causes of importance were as follows:

Congenital Ventricular Preexcitability Date of onset Dec 2-1932

Other contributory causes of importance: _____

Name of operation none Date of _____

What test confirmed diagnosis? clinical Was there an autopsy? no

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 ①

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) Wayne M. Parrona M. D.

(Address) Summit Springs, 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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