

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.

DEC 15 1934

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

Do not use this space.

1. PLACE OF DEATH

County Henry  
Township White Oak  
City Hatch (No. \_\_\_\_\_)

Registration District No. 347  
Primary Registration District No. 5495

File No. 39212  
Registered No. 68

2. FULL NAME Henry Busse

(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 <u>Minnie B. Busse</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 8, 1856</u>		
7. AGE <u>78</u>	YEARS	MONTHS
		<u>8</u>
		<u>6</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Jeweler</u>		11. Total time (years) spent in this occupation
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)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Freeport, Ill.</u>		
13. NAME <u>Fredrick Busse</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>		
15. MAIDEN NAME <u>Elizabeth Blanke</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>		
17. INFORMANT <u>Cudrey E Wright</u> (ADDRESS) <u>Hastings, Neb.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Wash Cemetery</u> DATE <u>Nov 15</u> , 19 <u>34</u>		
19. UNDERTAKER <u>J. P. Smith</u> (ADDRESS) <u>Wash Cem</u>		
20. FILED <u>11-8</u> , 19 <u>34</u> <u>J. R. Hauglin</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 12, 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 22, 1934, to Nov 12, 1934  
I last saw him alive on Nov 12, 1934. Death is said to have occurred on the date stated above, at 2 9 p. m.  
The principal cause of death and related causes of importance were as follows:  
Mitral Insufficiency  
General Edema  
Date of onset \_\_\_\_\_

Other contributory causes of importance:  
General Edema

Name of operation None Date of \_\_\_\_\_  
What test confirmed diagnosis? Y Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? Y Date of injury Nov 12, 1934  
Where did injury occur? Home (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Y  
Nature of injury Y

24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify \_\_\_\_\_  
(Signed) J. W. Gallbreath, M. D.  
(Address) Wash Mo

