

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

Do not use this space.

11584

APR 26 1935

1. PLACE OF DEATH

County Sevier
Township.....
City New Hamburg (No....., St., Ward)

Registration District No. 959
Primary Registration District No. 6063a

File No.....
Registered No. 3

2. FULL NAME

Larner David Bucher

(a) Residence, No....., St., Ward. (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 55 yrs. 1 mos. 18 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) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 6 1880

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
55 1 18

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
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) New Hamburg Mo

MOTHER FATHER
13. NAME Louie Bucher

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sevier Mo

MOTHER FATHER
15. MAIDEN NAME Katie Hailer

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

17. INFORMANT (ADDRESS) Katie Bucher New Hamburg Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE New Hamburg DATE May 27 1935

19. UNDERTAKER (ADDRESS) H. J. Welsh Harrison, Mo.

20. FILED 3-27 1935 Cyril Dinkler Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 24 1935

22. I HEREBY CERTIFY, That I attended deceased from, 19....., to, 19.....

I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at..... m.

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

acute alcoholism
Date of onset
Other contributory causes of importance
No

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

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? If so, specify.....

(Signed) H. J. Welsh Crowns
Sevier Mo
(Address) Sevier Co Mo

WHITE 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.

