

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

Do not use this space.

27320

1. PLACE OF DEATH

County Cooper
Township
City Boonville (No. _____)

Registration District No. 218
Primary Registration District No. 3015

File No. _____
Registered No. 77
St. _____ Ward _____

2. FULL NAME George W. 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 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 _____

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug. 17th 1859

7. AGE	YEARS	MONTHS	DAYS	IT LESS than 1 day, _____ hrs. or _____ min.
	<u>69</u>	<u>11</u>	<u>35</u>	

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri.

10. NAME OF FATHER Hary Busse.
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Germany.
12. MAIDEN NAME OF MOTHER Unknown.
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Germany.

14. INFORMANT Hugo Eiler.
(Address) Arrow Rock Mo.

15. FILED Aug 24 1929 M. Hamilton REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug. 11th 1929

17. I HEREBY CERTIFY, That I attended deceased from May 23 1929, to Aug 11 1929, that I last saw him alive on Aug 11, 1929, and that death occurred, on the date stated above, at 12.10 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

137
137B Prostatic Hypertrophy

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Uraemia

(duration) _____ yrs. mos. 7 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH Arrow Rock Mo.

DATE OF OPERATION PRECEDE DEATH. no DATE OF _____

19. WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? clinical
(Signed) A. van Ravenswaay M. D.

Aug 12, 1929 (Address) Boonville 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 DATE OF BURIAL

Arrow Rock Mo. 8/13/29

20. UNDERTAKER ADDRESS

Goodman & Boller. Boonville 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.

SEP 24 1929

27
22
4

PARENTS

10

