

MAY 29 1928

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

12264

14

1. PLACE OF DEATH

County Dollinger
 Township Bellevue
 City Bellevue (No. 5105)

Registration District No. 69
 Primary Registration District No. 5105

File No. 14
 Registered No. 14
 St. Bellevue Ward 14

2. FULL NAME

(a) Residence. No. Maggie Marguerite Bucholtz St. Bellevue Ward 14
 (Usual place of abode)
 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Andrew Bucholtz
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 13 - 1871
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
56 4 11
 8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work House keeping
 (b) General nature of industry, business, or establishment in which employed (or employer) ✓
 (c) Name of employer ✓

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

PARENTS

10. NAME OF FATHER L.M. Billington
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) no.
 (STATE OR COUNTRY)
 12. MAIDEN NAME OF MOTHER Don't know
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Don't know
 (STATE OR COUNTRY)

14. INFORMANT Val Bucholtz
 (Address) Buchanan
 15. FILE April 28 A.P. Kirkpatrick
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 24 1928
 17. I HEREBY CERTIFY, That I attended deceased from June 24 1926 to April 24 1928
 that I last saw her alive on April 1, 1928, and that death occurred, on the date stated above, at 10.00 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Tuberculosis of Lungs
23 3/4 (duration) yrs. mos. ds.
 CONTRIBUTORY (SECONDARY) ✓ (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED At her home
 IF NOT AT PLACE OF DEATH, ✓

DID AN OPERATION PRECEDE DEATH? no. DATE OF ✓
 WAS THERE AN AUTOPSY? no.
 WHAT TEST CONFIRMED DIAGNOSIS? no.
 (Signed) A.P. Kirkpatrick, M.D.
 , 19 28 Bellevue

*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 Patterson Cemetery DATE OF BURIAL April 25 1928
 20. UNDERTAKER Ed Pitman ADDRESS Buchanan Mo

WHILE FILLING, 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.

