25 1928

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

Do not use this space.

1369

1. PLACE OF DEATH
County Jasper
Township [illegible]
City Carthage (No. ..... St. ..... Ward)
Registration District No. 408
Primary Registration District No. 1020
File No. .....
Registered No. .....

2. FULL NAME Louisa Bussard
(a) Residence. No. 1115 Case St., 5 Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 26 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

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.

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: Sam Bussard

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Oct. 19, 1846

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
81	5	15	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housewife
(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): Goshen, Ind.

PARENTS
10. NAME OF FATHER: Daniel Hess
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Unknown
12. MAIDEN NAME OF MOTHER: Hettie Miller
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Unknown

14. INFORMANT: Mrs. Myrtle Love
(Address) 1115 Case St. Carthage

15. FILED 4/5, 1928 Cecil Kitchener, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Apr 3 1928

17. I HEREBY CERTIFY, That I attended deceased from Feb 10, 1928, to Apr 3, 1928, that I last saw her alive on Apr 3, 1928, and that death occurred, on the date stated above, at 4:30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
arterio-sclerosis general
97
[illegible] (duration) yrs. 1½ mos. ds.

CONTRIBUTORY (SECONDARY): Adenoma Thyroid
(duration) Sinusoid yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED ✓
IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? no DATE OF .....
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? none
(Signed) H A La Force, M. D
Apr 5, 1928 (Address) Carthage 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: Goshen, Ind.
DATE OF BURIAL: 4-5 1928

20. UNDERTAKER: Ulmer - Drake
ADDRESS: Carthage