

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

Do not use this space.

23359

1. PLACE OF DEATH

County Cole
Township Moran
City (No.)

Registration District No. 214
Primary Registration District No. 9294

File No.
Registered No. 18
St. Ward

2. FULL NAME

Lina Marie Buchta

(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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 26, 1926

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, <u>.....</u> hrs. or <u>.....</u> min.
	2	5	10	

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) Russellville Mo
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Edward Buchta

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Russellville Mo
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Mary J. Strobel

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Russellville Mo
(STATE OR COUNTRY)

14. INFORMANT Edward Buchta
(Address) Russellville Mo

15. FILED 7-7-28 Hugh L. Enloe
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 6 19 28

17. I HEREBY CERTIFY, That I attended deceased from June 25, 1928, to July 6, 1928 that I last saw him alive on July 6, 1928, and that death occurred, on the date stated above, at 9 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Gastro Enteritis

120B
1140

CONTRIBUTORY (SECONDARY) mos. 11 ds.
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH,

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) C. B. Groves, M. D.

7-7-28 (Address) Russellville 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 Russellville Lutheran Church DATE OF BURIAL July 7 19 28

20. UNDERTAKER Hugo Schubert ADDRESS Russellville 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.

