219
CT 24 1928

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

Do not use this space.

30041

1. PLACE OF DEATH
County: Cole
Registration District No.: 213
File No.:
Township:
Primary Registration District No.: 3014
Registered No.: 219
City: Jefferson (No. St. Mary's Hos. St. Ward)

2. FULL NAME: Virgil B Buster
(a) Residence. No. St., Ward. Eugene Mo.
(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~~: Maggie Buster

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Jan. 6-1864

7. AGE: 64 YEARS | MONTHS: 7 | DAYS: 28 | If LESS than 1 day, ___ hrs. or ___ min.

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): Miller Co. Mo.

PARENTS
10. NAME OF FATHER: Brack Buster
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Ky.
12. MAIDEN NAME OF MOTHER: Jane Roberts
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Ky.

14. INFORMANT: Mrs Maggie Buster
(Address): Eugene Mo.

15. FILED 9-11, 1928 S. C. Bedford M.D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY, That I attended deceased from Aug 15, 1928 to Sept 3, 1928 that I last saw him alive on Sept 3, 1928, and that death occurred, on the date stated above, at 1 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Shock following
prostatectomy
(duration) yrs. mos. 18 ds.

CONTRIBUTORY (SECONDARY): Hyper. prostate
(duration) yrs. 6 mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Eugene Mo
DID AN OPERATION PRECEDE DEATH? Yes DATE OF Sept 3/28
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Observation
(Signed) M R Arnold, M. D
9/4, 1928 (Address) J. C.

*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: Eugene Mo
DATE OF BURIAL: 9-4 1928

20. UNDERTAKER: C. F. Heinrichs
ADDRESS: J. C. Mo

WRITE 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.