

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.

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

Do not use this space.

32961

**1. PLACE OF DEATH**

County Cape Girardeau Registration District No. 125  
 Township 1 Primary Registration District No. 5178  
 City St. Robert (No. Rfd. No. 12) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
 Registered No. 1208

**2. FULL NAME**

Mrs. Matilda Busch

(a) Residence No. R. D. # 2 St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (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. (If nonresident give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

**3. SEX** Female  
**4. COLOR OR RACE** White  
**5. SINGLE, MARRIED, WIDOWED OR DIVORCED** married  
**5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF** Mr. Mrs. Busch

**6. DATE OF BIRTH (MONTH, DAY AND YEAR)** Apr. 17 - 1861

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>67</u>	<u>4</u>	<u>15</u>		

**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 employee) \_\_\_\_\_  
 (c) Name of employer \_\_\_\_\_

**9. BIRTHPLACE (CITY OR TOWN)** Cape County  
 (STATE OR COUNTRY) Missouri

PARENTS

**10. NAME OF FATHER** Not known

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)** \_\_\_\_\_  
 (STATE OR COUNTRY) Unknown

**12. MAIDEN NAME OF MOTHER** Unknown

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)** \_\_\_\_\_  
 (STATE OR COUNTRY) Unknown

**14. INFORMANT** Will Thompson  
 (Address) Cape Girardeau

**15. FILED** 1074 28 W. Kauffman  
 REGISTRAR

**3 MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH (MONTH, DAY AND YEAR)** Oct 2 1928

**17. I HEREBY CERTIFY, That I attended deceased from** Feb 6 - 1928 **to** Oct 2 - 1928  
**that I last saw him** alive on Oct 2 **in** 1928, **and that death occurred, on the date stated above, at** 12 **m.**

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**  
Intestinal obstruction  
127 B  
127 B  
 (duration) \_\_\_\_\_ yrs. mos. ds. 4  
**CONTRIBUTORY (SECONDARY)** Ch. Cholecystitis  
 (duration) 1 yrs. mos. ds.

**18. WHERE WAS DISEASE CONTRACTED**  
 IF NOT AT PLACE OF DEATH: \_\_\_\_\_  
**1** **DID AN OPERATION PRECEDE DEATH?** yes **DATE OF** Feb 6 1928  
**WAS THERE AN AUTOPSY?** no  
**WHAT TEST CONFIRMED DIAGNOSIS?** symptomatic examinations  
 (Signed) W. Kauffman M. D.  
10/4/28, 1928 (Address) Cape Girardeau, 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** Evangelical Cemetery **DATE OF BURIAL** Oct 4 1928  
**20. UNDERTAKER** W. Kauffman **ADDRESS** Cape Girardeau

