C 27 1928

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

Do not use this space.

36618

1. PLACE OF DEATH
County: Greene — Registration District No.: 318
Township: — Primary Registration District No.: 2001
City: Springfield (No. 624 W. Brower St. Ward)

File No.:
Registered No.: 790

2. FULL NAME: William M. Bucher
(a) Residence. No. 624 W. Brower 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: 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: Laura M. Bucher

6. DATE OF BIRTH (MONTH, DAY AND YEAR): 11-21-1860

7. AGE: Years 67 | Months 11 | Days 22 | If LESS than 1 day, ...hrs. or ....min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Electrician
(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): Ohio

PARENTS
10. NAME OF FATHER: Herman Bucher
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Pa.
12. MAIDEN NAME OF MOTHER: Catherine Ball
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Unknown

14. INFORMANT: Mrs. W. M. Bucher
(Address): Springfield, Mo.

15. FILED: 11-15-28 19.... O. C. Forst Jr. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Nov. 13 1928

17. I HEREBY CERTIFY, That I attended deceased from Nov. 5, 1928, to Nov. 13, 1928 that I last saw ~~him~~ alive on Nov. 12, 1928, and that death occurred, on the date stated above, at ....m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

CA
Apoplexy
97

(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (SECONDARY): Arteriosclerosis

(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): Lee Cox, M. D
11/13, 1928 (Address) 223½ South

*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: Greenlawn cemetery — DATE OF BURIAL: Nov 14 1928
20. UNDERTAKER: W. Thingner & Son — ADDRESS: Springfield, 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.

ECP