JAN 22 1929

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

Do not use this space.

39722

1. PLACE OF DEATH
County Cape Girardeau, Mo. Registration District No. 125
Township Cape Girardeau, Mo. Primary Registration District No. 3009
City ..... (No. ..... St. ..... Ward)

File No. .....
Registered No. 1299

2. FULL NAME John Edward Busch
(a) Residence. No. R.F.D. #2 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): Child

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 21st 1928

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	7	7	

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) Cape Girardeau,
(STATE OR COUNTRY) Missouri

PARENTS
10. NAME OF FATHER John F. Busch
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Cape Girardeau
(STATE OR COUNTRY) Missouri
12. MAIDEN NAME OF MOTHER Pauline Lampe
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Cape Girardeau,
(STATE OR COUNTRY) Missouri

14. INFORMANT Mrs. John Busch
(Address) R. F. D. #2

15. FILED 12/29, 1928. W C Kaempfer
REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 28 1928

17. I HEREBY CERTIFY, That I attended deceased from Dec 23, 1928, to Dec 28, 1928, that I last saw him alive on Dec 28, 1928, and that death occurred, on the date stated above, at 9 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Bronchial Pneumonia
11A
107A
11A (duration) ..... yrs. ..... mos. 3 ds.

CONTRIBUTORY (SECONDARY) [illegible]
..... (duration) ..... yrs. ..... mos. 7 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? Alfred Symbers
(Signed) J. W. Bisey, M. D
, 19 (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: Salem Chapple Cemetery
DATE OF BURIAL: Dec. 30 1928

20. UNDERTAKER: Al. Brinkopf
ADDRESS: 536 Broadway

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.