

JAN 28 1928

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

Do not use this space.

43697

1. PLACE OF DEATH

County Scotts
Township Jefferson
City Memphis (No.)

Registration District No. 810
Primary Registration District No. 4488

File No.
Registered No. 58
St. Ward

2. FULL NAME

Mary Elizabeth Bussey
(a) Residence. No. 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 (write the word)

widowed

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

Hudson Bussey

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

Dec 15 1868

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, hrs. or min.

59

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Retired

(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)

Scotts County

10. NAME OF FATHER

Elv Shakkelt

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

ky

12. MAIDEN NAME OF MOTHER

Mary R. Wischert

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Indy, Ind. town

14.

INFORMANT (Address)

Raymond H. Daise
Memphis 5 Mo

15.

FILED

12/29/28
6 C Parish
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

Dec. 11, 1928

17.

I HEREBY CERTIFY That I attended deceased from Dec 11 1928 to Dec 11 1928

that I last saw him alive on Dec 11 1928, and that death occurred, on the date stated above, at 4:30 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

chronic arteriosclerosis
heart disease

92 hr

(duration) sudden yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

sudden
(duration) yrs. mos. 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?

Physical

(Signed) A E Platter M.D.

12/11/28 (Address) Memphis 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

DATE OF BURIAL

St. Hyondia Cemetery

12/13/28

20. UNDERTAKER

ADDRESS

G. W. Payne

Memphis

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.

