MAY 2 1929

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

Do not use this space.

12082

File No. .....

Registered No. 14

1. PLACE OF DEATH

County: Ste Genevieve — Registration District No. 780

Township: ..... — Primary Registration District No. 4466

City: Ste Genevieve (No. ..... St. ..... Ward)

2. FULL NAME Anna Bell Busch

(a) Residence. No. Ste Genevieve 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write the word*)
Female	White	Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 16 / 1870

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
59	1	7	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: House Keeper

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: 0

9. BIRTHPLACE (CITY OR TOWN) Kaskaskia Ill
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER John H Busch

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Old Bud Ill
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Ellen Donovan

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) State of Ohio

14. INFORMANT Mrs. John H. Busch
(Address) Ste Genevieve Mo

15. FILED Mar 23, 1929 T.W. Douglas
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar - 23 — 1929

17. I HEREBY CERTIFY, That I attended deceased from Apr - 1, 1927, to Mar 23, 1929, that I last saw her alive on Mar 23, 1929, and that death occurred, on the date stated above, at 2 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Arterio-sclerosis

(duration) 8 yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) acute dilation of heart

(duration) ..... yrs. ..... mos. 24 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? Clinical

(Signed) R. H. Lanning, M. D

3/23/, 1929 (Address) Ste Genevieve 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 Ste Genevieve Mo

DATE OF BURIAL 3/25 / 1929

20. UNDERTAKER Frank J Stonton

ADDRESS Ste Genevieve 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.