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

Do not use this space. 12426

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 1003 Registered No. 2948

City St Louis Mo (No. Frisco Hospital St. ..... Ward)

2. FULL NAME George F. Busby

(a) Residence. No. 4344 Vista St., 18 Ward. (If nonresident give city or town and State)
(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.

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: Nettie Busby

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Mar 22-1876

7. AGE: Years 52 | Months 11 | Days 14 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Brakeman
(b) General nature of industry, business, or establishment in which employed (or employer): 99
(c) Name of employer: Frisco R R Co

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Arkansas 2

PARENTS
10. NAME OF FATHER: Wade Busby
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Tenn 2
12. MAIDEN NAME OF MOTHER: Clara Lewis
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Unknown 31

14. INFORMANT: Nettie Busby
(Address) 4344 Vista Ave

15. FILED MAR -7 1929 Max C Fisher REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 3/6/29 19

17. I HEREBY CERTIFY, That I attended deceased from 2/10/29, 19 to 3/6/29, 19 that I last saw h. l. alive on 3/6/29, 19, and that death occurred, on the date stated above, at 9.10 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Myocarditis - Chronic
Nephritis - Chronic.
92C
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 129A
(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? Clinical Exam.
(Signed) Walter R Peterson M.D.
, 19 (Address) 4960 Laclede

*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: Chaffee Mo | DATE OF BURIAL: Mar 7 1929

20. UNDERTAKER: Manchester Mud Co | ADDRESS: 4234 Manchester

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.