

SEP 24 1929

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

Do not use this space.

27320

1. PLACE OF DEATH

County CooperRegistration District No. 218

Township

Primary Registration District No. 3015City Boonville

(No. St. Ward)

2. FULL NAME George W. Busse

(a) Residence. No. 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

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

Aug. 17th 1859

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, hrs. or min.

691135

8. OCCUPATION OF DECEASED

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

Farmer.

(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)

Missouri.

10. NAME OF FATHER

Harry Busse.

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Germany.

12. MAIDEN NAME OF MOTHER

Unknown.

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) Germany.

14.

INFORMANT Hugo Eiler.

(Address)

Arrow Rock Mo.

15.

FILED Aug 12-1929

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

Aug. 11 1929

17.

I HEREBY CERTIFY, That I attended deceased from May 23 1929 to Aug 11 1929.
that I last saw him alive on Aug 11 1929, and that death occurred, on the date stated above, at 12.10 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

137
137 B Prostatic Hypertrophy

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

Uraemia(duration) yrs. mos. ds. 7

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH Arrow Rock Mo.DATE OF OPERATION PRECEDE DEATH. no DATE OFWAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?

clinical(Signed) A. van Ravenswaay, M. D.Aug 12, 1929 (Address) Boonville 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

Arrow Rock Mo.8/12/29

20. UNDERTAKER

ADDRESS

Goodman & Boller. Boonville 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.

RECORD

