

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

Do not use this space.

38106

PLACE OF DEATH

County Putnam
Towship Em
City..... (No.....)..... St..... Ward.....

Registration District No. 712
Primary Registration District No. 2957

File No. 8
Registered No. 52

2. FULL NAME William Douglas Buster
(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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M | 4. COLOR OR RACE W. | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 16, 1857

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
78 | 10 | 01

8. OCCUPATION OF DECEASED Coal Miner
(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)..... (STATE OR COUNTRY) Missouri

10. NAME OF FATHER B. F. Buster

11. BIRTHPLACE OF FATHER (CITY OR TOWN)..... (STATE OR COUNTRY) Virginia

12. MAIDEN NAME OF MOTHER Sarah Collins

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)..... (STATE OR COUNTRY) Missouri

14. INFORMANT Jas. O. Buster
(Address) Marion, Mo

15. FILED Nov 24 19 29 Chas. Barabara REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 16 19 29

I HEREBY CERTIFY, That I attended deceased from....., 19....., to....., 19....., that I last saw h..... alive on....., 19.....; and that death occurred, on the date stated above, at.....m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Disease of heart
Specific lesion unknown
Heart failed
9-10 (duration) yrs. mos. da.

CONTRIBUTORY (SECONDARY) 9-10 (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH.....

19. DID AN OPERATION PRECEDE DEATH..... DATE OF.....

WAS THERE AN AUTOPSY.....

WHAT TEST CONFIRMED DIAGNOSIS.....

(Signed) Frank Quail Carver 19 (Address) Unionville 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 Buster Cem DATE OF BURIAL Nov 17 19 29

20. UNDERTAKER J. O. Husted ADDRESS Unionville Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION very important. PHYSICIANS should state EXACTLY. Exact statement of OCCUPATION very important.

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