

OCT 28 1930

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

Do not use this space

29239

1. PLACE OF DEATH

County Buchanan

Registration District No. 82

Township Nashington

Primary Registration District No. 5127

City St. Joseph

(No. County Infirmary)

File No. ....

Registered No. 77

St. ....

Ward) ....

2. FULL NAME Mary Nusbaum

(a) Residence, No. County Infirmary

St. ....

Ward. ....

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 8 yrs. .... mos. .... ds.

How long in U. S., if of foreign birth? .... yrs. .... mos. .... ds.

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

Unknown

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

October 9, 1847

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, .... hrs. or .... min.

82

10

26

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

Unknown

(STATE OR COUNTRY)

Unknown

10. NAME OF FATHER

Unknown

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

Unknown

(STATE OR COUNTRY)

Unknown

12. MAIDEN NAME OF MOTHER

Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

Unknown

(STATE OR COUNTRY)

Unknown

14.

INFORMANT County Records

(Address) Buchanan Co. Missouri.

15.

Sept 8 1930 J. J. Baustke  
REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

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

September 7 1930

17.

I HEREBY CERTIFY, That I attended deceased from July 29 to Aug 7, 1930 that I last saw h. 87 alive on Aug 5, 1930; and that death occurred, on the date stated above, at 4 A m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

82A Arterio Sclerosis  
97

(duration) 1 yrs. .... mos. .... ds.

CONTRIBUTORY (SECONDARY)

Cerebral Hemorrhage

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

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)

Albert E. Holley M. D.

Sept. 8 1930 (Address) 822 Edmond St Joseph 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

Ashland Cem

Sept 9 1930

20. UNDERTAKER

ADDRESS

H. E. Sidenfader

1802 Union

N. B.—Every item of information 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.

