

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.

NOV 28 1930

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

Do not use this space.

34101

1. PLACE OF DEATH
 County St Louis Registration District No. 1170
 Township Richmond 15mo Primary Registration District No. 6248A
 City Richmond 15mo (No. St Mary Hospital) St. _____ Ward _____

2. FULL NAME Adam Busch
 (a) Residence. No. Kennerswell 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.

File No. _____
 Registered No. 244
 St. _____ Ward _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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 Margaret Busch

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 16 - 1846

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
84 | 8 | 22

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) Germany
 (STATE OR COUNTRY)

10. NAME OF FATHER Louis Busch

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

12. MAIDEN NAME OF MOTHER Catharina Wind

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

14. INFORMANT John Busch
 (Address) Kennerswell Mo

15. FILED Oct 11, 1930 E L Jensen
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 8 1930

17. I HEREBY CERTIFY, That I attended deceased from Aug 12, 1930, to Oct 8, 1930 that I last saw him alive on Oct 8, 1930 and that death occurred, on the date stated above, at 9:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute suppurative nephritis
137
930.
130 (duration) 10 yrs. 10 mos. 10 ds.
 CONTRIBUTORY Myocarditis (acute)
 (SECONDARY) Valvulogeny (duration) several yrs. 10 mos. 10 ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH Kennerswell Mo
 DID AN OPERATION PRECEDE DEATH? yes DATE OF Sept 4 - Sept 26.
 WAS THERE AN AUTOPSY? yes
 WHAT TEST CONFIRMED DIAGNOSIS? Autopsy
 (Signed) N N Manslow, M. D.
Oct 10, 1930 (Address) Kenney Bldg
St Louis 7000

*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 St Joseph, Kennerswell Mo DATE OF BURIAL Oct 11 1930

20. UNDERTAKER John G Koch ADDRESS Fulton Mo

