

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.

DEC 22 1930

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

Do not use this space.

35802

1. PLACE OF DEATH

County Gasconade

Registration District No. 303

Township Merriam

Primary Registration District No. 4182

City Merriam (No.)

File No.

Registered No.

St. Ward

2. FULL NAME

(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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug. 1863

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min. 67 None known

8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work Retired (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 Carl Bushmeyer 11. BIRTHPLACE OF FATHER (CITY OR TOWN) Germany (STATE OR COUNTRY) 12. MAIDEN NAME OF MOTHER Unknown 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Germany (STATE OR COUNTRY)

14. INFORMANT Olive Mundtiller (Address)

15. FILED 11-10-30 Anna L. Rieckhoff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY, That I attended deceased from Nov. 7th, 1930, to Nov. 8th, 1930. That I last saw him alive on Nov. 8th, 1930, and that death occurred, on the date stated above, at 11:15 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Myocarditis & Nephritis
131
935

unknown (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 134A (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.

8 DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Julius Lingenfelder, M. D.

, 19 (Address) Merriam, 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 Merriam City Cemetery DATE OF BURIAL Nov. 10-30

20. UNDERTAKER G. Kuehnig ADDRESS Merriam, Mo.

