

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

Do not use this space.

40067

PLACE OF DEATH
 County Macon Registration District No. 918
 Township Richland Primary Registration District No. 6242
 City (No.) St. Ward)
 2. FULL NAME Charles Gene Busk
 (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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 30 1873

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
57 30 24

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) self
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Wis
 (STATE OR COUNTRY)

10. NAME OF FATHER Arion Busk

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

12. MAIDEN NAME OF MOTHER Katherine DeGou

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

14. INFORMANT Jesse F. Busk
 (Address) Zanesville Ohio

15. FILED Jan 7 1931 Mrs. W. G. Carpenter
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 24 1930

17. I HEREBY CERTIFY, That I attended deceased from Dec 24 1930 to Dec 24 1930
 that I last saw him never did alive on Dec 24 1930 and that death occurred, on the date stated above, at 6:30 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chron Myocarditis
93c (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 90c (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED Mo

IF NOT AT PLACE OF DEATH Mo

DID AN OPERATION PRECEDE DEATH Mo DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Phys Exam

(Signed) H. H. Welch, M. D.

Dec 24 1930 (Address) Callas Mo Coroner

*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

Zaplata cemetery Dec 29 1930

20. UNDERTAKER ADDRESS

D. S. Christie Zaplata

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.

