

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

Do not use this space.

915 *Buseck*

**1. PLACE OF DEATH**

County Greene Registration District No. 318 File No. \_\_\_\_\_  
 Township \_\_\_\_\_ Primary Registration District No. 280 Registered No. 19  
 City Springfield, Mo. - 1840 N. Douglas St. \_\_\_\_\_ Ward)

**2. FULL NAME**

(a) Residence. No. 1840 N. Douglas 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 Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) child

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 30, 1923

7. AGE	YEARS	MONTHS	DAY	IF LESS than 1 day, _____ hrs. or _____ min.
	7	0	4	

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work \_\_\_\_\_ child  
 (b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
 (c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) Springfield, Missouri  
 (STATE OR COUNTRY)

10. NAME OF FATHER O. S. Allen

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

12. MAIDEN NAME OF MOTHER Jessie Ollis

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

14. INFORMANT O. S. Allen  
 (Address) Springfield, Mo.

15. FILED 1-6-31 1931 Gen. Sharp REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 4 - 1931

17. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_  
12-31-, 1930, to 1-4, 1931  
 that I last saw him alive on 11-7-, 1931, and that death occurred, on the date stated above, at 9:10 A.M.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Scarlet fever  
 (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ da.  
acute myocarditis  
 CONTRIBUTORY myocarditis acute degenerative  
 (SECONDARY)  
Acute pulmonary edema  
 (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ da.

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

DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?  
 (Signed) Hubert Buseck, M. D.  
1-5-1931 (Address) Springfield 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 Maple Park DATE OF BURIAL Jan. 6, 1930

20. UNDERTAKER Alma K. Schreyer ADDRESS 534 St. Louis  
General Home

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.

315  
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 FEB 8 1931

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