

APR 25 1931

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

Do not use this space.

6130

1. PLACE OF DEATH

54 County Lafayette  
Township Madison  
City (No. ....) St. .... Ward)

Registration District No. 457  
Primary Registration District No. 5621B

File No. ....  
Registered No. 8

2. FULL NAME

Heinrich Friedrich Buesing

(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. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR <u>Divorced</u> (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Gertrude Buesing</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct 19, 1855</u>		
7. AGE	YEARS <u>75</u>	MONTHS <u>3</u>
	DAYS <u>29</u>	IF LESS than 1 day, .... hrs. or .... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>	11. Total time (years) spent in this occupation <u>life</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>same</u>	
	10. Date deceased last worked at this occupation (month and year) <u>Jan 1, 1930</u>	
12. BIRTHPLACE (CITY OR TOWN) <u>Saline County,</u> (STATE OR COUNTRY) <u>Missouri</u>		
FATHER	13. NAME <u>Carl H Buesing</u>	10
	14. BIRTHPLACE (CITY OR TOWN) <u>Germany</u> (STATE OR COUNTRY)	
MOTHER	15. MAIDEN NAME <u>Maria D Fangman</u>	
	16. BIRTHPLACE (CITY OR TOWN) <u>Germany</u> (STATE OR COUNTRY)	
17. INFORMANT <u>Paul Buesing</u> (ADDRESS)		
18. BURIAL, CREMATION OR REMOVAL PLACE <u>St. John's Cemetery</u> DATE <u>2/20</u> 19 <u>31</u> <u>Empire Mo</u>		
19. UNDERTAKER <u>E. S. James</u> (ADDRESS) <u>Raymondia Mo</u>		
20. FILED <u>Feb 19 1931</u> <u>Raymond Shyman</u> Registrar.		

1 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 18 1931

22. I HEREBY CERTIFY, That I attended deceased from  
Aug 10 1930, to Feb 18 1931  
I last saw him alive on Oct 29 1930. Death is said  
to have occurred on the date stated above, at 7:30 a.m.  
The principal cause of death and related causes of importance were as follows:  
Cancer of Stomach Date of onset Aug 10-30  
46B  
46B  
Other contributory causes of importance: .....

Name of operation..... Date of .....

What test confirmed diagnosis?..... Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide?..... Date of injury....., 19.....  
Where did injury occur?..... (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.  
Manner of injury.....  
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify.....  
(Signed) Raymond Shyman, M. D.  
(Address) Concordia Mo

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.

WRITE PERFECTLY, WITH INK

