

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.

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

Do not use this space.

9457

1. PLACE OF DEATH
County Gasconade Registration District No. 307
Township Bowling Primary Registration District No. 5425
City Boyer (No. _____ St. _____ Ward _____)

2. FULL NAME George D. Buschmann
(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					MEDICAL CERTIFICATE OF DEATH	
3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>			21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>March 29</u> , 19 <u>31</u>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____				22. I HEREBY CERTIFY, That I attended deceased from <u>March 17</u> , 19 <u>31</u> , to <u>March 29</u> , 19 <u>31</u> . I last saw him alive on <u>March 29</u> , 19 <u>31</u> . Death is said to have occurred on the date stated above, at <u>11:45 P.M.</u> The principal cause of death and related causes of importance were as follows: <u>Acute Pericarditis</u> <u>108</u> <u>903/108</u> Other contributory causes of importance: <u>Lobar Pneumonia</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan. 28th 1848</u>				Date of onset <u>3/26/31</u>		
7. AGE	YEARS <u>83</u>	MONTHS <u>2</u>	DAYS <u>1</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>					
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____					
	10. Date deceased last worked at this occupation (month and year) _____			11. Total time (years) spent in this occupation <u>Wagon</u>		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Boyer Mo.</u>						
FATHER	13. NAME <u>Henry Buschmann</u>					
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>					
MOTHER	15. MAIDEN NAME <u>Lisabeth Hanken</u>					
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>					
17. INFORMANT <u>Frank Buschmann</u> (ADDRESS) <u>Boyer Mo.</u>						
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Boyer Mo.</u> DATE <u>April 1st</u> , 19 <u>31</u>						
19. UNDERTAKER <u>W. Gattensloetter</u> (ADDRESS) <u>Boyer Mo.</u>						
20. FILED <u>3-31-</u> , 19 <u>31</u> <u>Mrs. M. W. Meyer</u> Registrar.						
Name of operation _____ Date of _____ What test confirmed diagnosis? <u>Symptoms</u> Was there an autopsy? <u>No</u>						
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? _____ If so, specify _____ (Signed) <u>E. G. Rhodius</u> , M. D. (Address) <u>Boyer Mo.</u>						

