

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

Do not use this space.

24720

1. PLACE OF DEATH

County Gasconade

Registration District No. 302

Township Clay

Primary Registration District No. 6231

City Gasconade (No. 1)

File No. _____

Registered No. _____

2. FULL NAME

Minnie Hanna Buddenmeyer

(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. da. How long in U.S., if of foreign birth? 66 yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF Frank Buddenmeyer

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 8, 1859

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 73 59

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work House Keeper
(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 John Gauer

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

12. MAIDEN NAME OF MOTHER Const. Tomsehn

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

14. INFORMANT Frank Buddenmeyer
(Address) Canada

15. FILED 7/8 H. A. Bunn NO REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 7, 1931

17. I HEREBY CERTIFY, That I attended deceased from July 7, 1931, to July 7, 1931, that I last saw in person at 10:30 p.m., and that death occurred, on the date stated above, at 10:30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Don't know. Symptoms some
disease of heart
95B
100 minutes (duration) yrs. mos. da.

CONTRIBUTORY (SECONDARY) 2000 (duration) yrs. mos. da.

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

19. DID AN OPERATION PRECEDE DEATH? NO DATE OF _____

WAS THERE AN AUTOPSY? NO

WHAT TEST CONFIRMED DIAGNOSIS? Subjective Symptoms
(Signed) J. J. Ferrell M. D.
7-8, 1931 (Address) Wenerville, 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 Blount, Mo. DATE OF BURIAL July 10, 1931

20. UNDERTAKER Herman Koch, Wenerville, Mo ADDRESS

0000