

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

Do not use this space.

4699

1. PLACE OF DEATH

County Jackson Registration District No. 399 File No. _____
 Township Kansas City Primary Registration District No. _____ Registered No. _____
 City Kansas City (No. 1002) Ward _____

2. FULL NAME

Charles Busley
 (a) Residence, No. 2403 Chestnut St. Ward. _____
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>31-18</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 2</u>		
7. AGE <u>68</u>	YEARS <u>8</u>	MONTHS <u>8</u>
	DAYS <u>8</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>Retired</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Salvage</u>	
	10. Date deceased last worked at this occupation (month and year) _____	11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana 2

13. NAME Louis Busley

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana 15

15. MAIDEN NAME Sarah Courtney

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana 2

17. INFORMANT (ADDRESS) Reverend Clerk

18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Hill DATE 2-11- 1932

19. UNDERTAKER (ADDRESS) R. V. Lindsey & Sons, Inc.
3811 Broadway

20. FILED 2/11 1932 M. M. Carove Asst Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-9 1932

22. I HEREBY CERTIFY, That I attended deceased from 11-9 1932 to 2-9 1932
 Last saw him alive on 2-9 1932 Death is said to have occurred on the date stated above, at 11:45 P

The principal cause of death and related causes of importance were as follows:
Pulmonary Tuberculosis 23A
131 23
 Other contributory causes of importance:
Arterio Sclerotic Nephritis (1)

Name of operation none Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? ye

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) P. E. Williams M. D.
 (Address) Supt. Gen. Hosp. K. Mo.
2-10-32

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

