

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

Do not use this space.

8298

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1. PLACE OF DEATH

48 County Jackson  
5 Township Blue  
8 City Independence (No. 1310 20 Maple)

Registration District No. 398  
Primary Registration District No. 2019

File No. \_\_\_\_\_  
Registered No. 83  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

(a) Residence. No. 1310 20 Maple 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. 14 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Elizabeth Bender

7. DATE OF BIRTH (MONTH, DAY AND YEAR) June 7 - 1854

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
77 9 25

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work Retina Buss  
(b) General nature of industry, business, or establishment in which employed (or employer) Operator  
(c) Name of employer for self

9. BIRTHPLACE (CITY OR TOWN) Pittsburg 2 (STATE OR COUNTRY) Penn.

10. NAME OF FATHER Leonard Bender

11. BIRTHPLACE OF FATHER (CITY OR TOWN) unknown (STATE OR COUNTRY) Germany 10

12. MAIDEN NAME OF MOTHER my A Buss

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

14. INFORMANT Blanche Bender (Address) 1310 20 Maple

15. FILED Mar 4 32 Fd Cook REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar 2 - 1932

17. I HEREBY CERTIFY, That I attended deceased from Nov 1, 1931 Mar 2, 1932, to Mar 2, 1932 that I last saw him alive on Mar 2, 1932, and that death occurred, on the date stated above, at 4:20 a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Broncho Pneumonia  
107A  
106D (duration) yrs. mos. 2 ds.

CONTRIBUTORY Bronchitis (SECONDARY) (duration) yrs. mos. 3 ds.

18. WHERE WAS DISEASE CONTRACTED 107A  
IF NOT AT PLACE OF DEATH \_\_\_\_\_

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

20. WAS THERE AN AUTOPSY? no

21. WHAT TEST CONFIRMED DIAGNOSIS clinical  
(Signed) C. J. Miller M. D.

22. Address Independence  
\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Married Home DATE OF BURIAL 3/4/1932

20. UNDERTAKER Casson ADDRESS \_\_\_\_\_

N. H.—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.

APR 27 1932

