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.

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

Do not use this space.

18330

File No.

Registered No.

1. PLACE OF DEATH

County Saline — Registration District No. 795

Township Grand Pass — Primary Registration District No. 6038

City Malta Bend (No. R.F.D. St. Ward)

2. FULL NAME Lawrence Julius E. Buhlig

(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

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF —

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 7, 1920

7. AGE: YEARS 12 MONTHS 3 DAYS 26 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Malta Bend Mo.

FATHER

13. NAME Fred Buhlig

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Alma Mo.

MOTHER

15. MAIDEN NAME Pauline Vogel

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Farmers Retreat, Indiana

17. INFORMANT (ADDRESS) Fred Buhlig Malta Bend, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Alma, Mo. DATE May 6, 1932

19. UNDERTAKER (ADDRESS) Vandiver Mortuary Marshall, Mo.

20. FILED 5-4 1932 Mrs. Mary Blackburn Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 3, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 3, 1932, to May 3, 1932

I last saw him alive on May 3, 1932 Death is said to have occurred on the date stated above, at 10:45 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Dislocation of second cervical Vertebrae	186A
	194B
Other contributory causes of importance:	13

Name of operation — Date of

What test confirmed diagnosis? Physical findings Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 5-3, 1932

Where did injury occur? Malta Bend Mo. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Home.

Manner of injury Fell while running

Nature of injury Dislocated cervical Vertebrae

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify —

(Signed) A. F. Brown, M. D.

(Address) Malta Bend Mo