

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

Do not use this space.

27070

1. PLACE OF DEATH
 97 County Ralls Registration District No. 725
 Township Center Primary Registration District No. 5-95-6
 City (No. _____) St. _____ Ward _____

2. FULL NAME Thomas Henry Buhseckel
 (a) Residence No. Ralls Co., Mo. 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. 70 mos. 8 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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Velma Ruth Buhseckel

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 12 1912

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
70 6 29

8. OCCUPATION OF DECEASED Farmer
 (a) Trade, profession, or particular kind of work Deaming on 113
 (b) General nature of industry, business, or establishment in which employed (or employer) road repaired to barn struck by lightning
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Ralls Co
 (STATE OR COUNTRY) 1

10. NAME OF FATHER Ed Buhseckel

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

12. MAIDEN NAME OF MOTHER Magdeline Sterling

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Idora
 (STATE OR COUNTRY) 2

14. INFORMANT F. Buhseckel
 (Address) Ralls Co

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 11 1932

17. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____, that I last saw h_____ alive on _____, 19____, and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH WAS AS FOLLOWS:
Struck by lightning
1932

CONTRIBUTOR (SECONDARY) 192 (duration) _____ yrs. _____ mos. _____ ds.
307 (duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH _____ 3

8 DID AN OPERATION PRECEDE DEATH _____ DATE OF _____
 WAS THERE AN AUTOPSY No

WHAT TEST CONFIRMED DIAGNOSIS _____
 (Signed) Alast. Hulse, Coroner
 _____, 19____ (Address) Center, 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 Oliver Cemetery DATE OF BURIAL 8/14/32
 20. UNDERTAKER Ovas B. Hulse ADDRESS Center Mo

PARENTS

WRITE FULLY, 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.
 SEP 26 1932

15. FILED Aug 18 1932 J. T. Howard
 REGISTRAR

