

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

Do not use this space.

38183

1. PLACE OF DEATH

County North
Township Allen
City _____ (No. _____)

Registration District No. 905
Primary Registration District No. 6216

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Raymond Carl Buehler

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

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 M 4. COLOR OR RACE W 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) 7-10-1930

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
2 7 —

8. OCCUPATION OF DECEASED

- (a) Trade, profession, or particular kind of work _____
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) North County, Mo.
(STATE OR COUNTRY)

10. NAME OF FATHER Raymond Buehler
11. BIRTHPLACE OF FATHER (CITY OR TOWN) North
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Rose Biggar
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) North
(STATE OR COUNTRY)

14. INFORMANT J. B. Brame
(Address) _____

15. FILED 10/10/32 Mrs. Maye Long
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) November 10 1932

17. I HEREBY CERTIFY, That I attended deceased from Nov 9, 1932, to Nov 10, 1932
that I last saw him alive on Nov 10, 1932, and that death occurred, on the date stated above, at 11 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Laryngeal Diphtheria

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS Physical Inspection

(Signed) Lewis J. H. H. H., M. D.

, 19 (Address) Denver, 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

Miller Cemetery 11-11-32

20. UNDERTAKER

Bramm Bros. ADDRESS Denver

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.

