

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

Do not use this space.

42760

1. PLACE OF DEATH

County Saline Registration District No. 295
Township Grand Pass Primary Registration District No. 6038
City (No.) St. Ward)

2. FULL NAME

Assie Marie Buklig.
(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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>single</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug. 5, 1927</u>				
7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>5</u>	<u>4</u>	<u>17</u>	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.			
	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) <u>Malta Bend, Mo</u>				
MOTHER FATHER	13. NAME <u>Fredrick Buklig</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Alma, Mo.</u>			
	15. MAIDEN NAME <u>Pauline Vogel</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Grid, Mo.</u>			
17. INFORMANT <u>Fredrick Buklig</u> (ADDRESS) <u>Malta Bend</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Alma Mo</u> DATE <u>Dec. 24, 1932</u>				
19. UNDERTAKER <u>Hindner Mortuary</u> (ADDRESS) <u>Marshall Mo.</u>				
20. FILED <u>12-22, 1932</u> <u>Mrs. Mary Blackburn</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 22, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec. 19, 1932, to Dec 22, 1932
I last saw her alive on Dec 21, 1932 Death is said to have occurred on the date stated above, at 8:45 a.m.
The principal cause of death and related causes of importance were as follows:
Acute Gastritis
11 B
11 C
11 D
Other contributory causes of importance:
Influenza
Date of onset 12-18-32

Name of operation: _____ Date of: _____
What test confirmed diagnosis? Pharyngeal swab Was there an autopsy? No

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? No
If so, specify _____
(Signed) A. F. Brown, M. D.
(Address) Malta Bend, Mo

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.

42760
12-22-32

