

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.

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1. PLACE OF DEATH

County Bedard

Registration District No. 163

File No. _____

Township _____

Primary Registration District No. 4095

Registered No. 1

City Edwards Springs (No. _____)

St. _____ Ward _____

2. FULL NAME

Emma Busch

(a) Residence, No. 308 S main
(Usual place of abode)

St. 1 Ward _____

(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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND-OF (OR) WIFE OF B. F. Busch

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept-9-1872

7. AGE YEARS 60 MONTHS 3 DAYS 23 If LESS than 1 day, hrs. or min.

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

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) Mo

13. NAME Robert A Jennings

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) La

15. MAIDEN NAME Martha A Torbitt

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn

17. INFORMANT Mrs E. F. True
(ADDRESS) Edwards Springs Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE City "Cem" DATE 1-4-1933

19. UNDERTAKER William Sides
(ADDRESS) Edwards Springs Mo

20. FILED 1/8 1933 W. Dawson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 2 1933

22. I HEREBY CERTIFY That I attended deceased from Nov 28 1932 to Jan 2 1933
I last saw her alive on Jan 12 1933. Death is said to have occurred on the date stated above, at 8 A m.
The principal cause of death and related causes of importance were as follows:

Purulent Pleurisy
108
11-13/108

Date of onset

Other contributory causes of importance:

Rhach Pneumonia

Name of operation _____ Date of _____

What test confirmed diagnosis? Clinical 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) W. Dawson M. D.

(Address) Edwards Springs Mo

