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.

APR 21 1933

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

Do not use this space.

8575

1. PLACE OF DEATH

County Buchanan — Registration District No. 85 — File No. -

Township — Primary Registration District No. 1001 — Registered No. 296

City St. Joseph, (No. 920 Green St. Ward)

2. FULL NAME John Jacob Buechle,

(a) Residence, No. 920 Green, St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 77 yrs. 5 mos. 17 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Pauline Mary Buechle,

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 28, 1855

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	77	5	17	

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Feed & Fuel,

10. Date deceased last worked at this occupation (month and year) March 1913

11. Total time (years) spent in this occupation 25

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Saint Joseph, Missouri,

FATHER

13. NAME William Buechle,

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Germany,

MOTHER

15. MAIDEN NAME Christina Altman,

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Germany,

17. INFORMANT (ADDRESS) Adolph Buechle 920 Green Street,

18. BURIAL, CREMATION, OR REMOVAL PLACE Ashland Cemetery DATE March 17, 1933

19. UNDERTAKER (ADDRESS) Heaton-BeGole & Bowman 319 So. 10th St. Funeral Home

20. FILED March 16 1933 John R. Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 15, 1933

22. I HEREBY CERTIFY, That I ~~attended~~ viewed deceased ~~from~~ on March 15, 1933, to ....., 19....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 7:00 p.m.

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

Hanging with rope (Suicidal)

Date of onset

165

Other contributory causes of importance:

Hypertension & arteriosclerosis poor health past 5 yrs.

Name of operation none Date of ....

What test confirmed diagnosis? .... Was there an autopsy? No

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

Accident, suicide, or homicide? suicide Date of injury ....., 19....

Where did injury occur? St. Joseph home (Specify city or town, county, and State)

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

Manner of injury Suicide (Hanging by rope

Nature of injury ....

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

If so, specify ....

(Signed) Forrest Thomas Coroner, M.D.

(Address) 801½ Felix