

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

Do not use this space.

17322

File No. _____
Registered No. 9
St. _____ Ward _____

1. PLACE OF DEATH
County Osage Registration District No. 4489
Township Crainford Primary Registration District No. 5849
City _____ (No. _____) St. _____ Ward _____

2. FULL NAME Lucy Richard Busch
(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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Infant

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 27 1933

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
2 28

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) Ryora
(STATE OR COUNTRY) MO

10. NAME OF FATHER Fred Busch

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Ryora
(STATE OR COUNTRY) MO

12. MAIDEN NAME OF MOTHER Bertie Busch

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Ryora, Mo.
(STATE OR COUNTRY)

14. INFORMANT Fred Busch
(Address) Ryora, Mo.

15. FILED July 25 1933 Mr. Dora J. ...
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 24 1933

17. I HEREBY CERTIFY, That I attended deceased from May 23, 1933, to May 24, 1933, that I last saw him alive on May 23, 1933, and that death occurred, on the date stated above, at 3 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

13 typhenteria
(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (SECONDARY) 13
(duration) _____ yrs. _____ mos. _____ ds.

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

6 DID AN OPERATION PRECEDE DEATH? DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) P. H. Egbert, M. D.

May 24 1933 (Address) Ryora 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 Freedom Mo DATE OF BURIAL 5/25 1933

20. UNDERTAKER Morton & Gerschenfske Limited
ADDRESS

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.

JUN 23 1933

