

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

Do not use this space.

35322

1. PLACE OF DEATH
 99 County Scotland Registration District No. 872
 Township Johnston Primary Registration District No. 6061
 City (No.) St. Ward

2. FULL NAME George William Busby
 (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*) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED widowed
 HUSBAND OF Martha Ann Hughes
 (OR) WIFE OF Hess

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 15-1855

7. AGE YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>27</u>	<u>8</u>	<u>1</u>	<u>16</u>

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

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) Lewis Co Kentucky

FATHER

13. NAME Granville Busby

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

MOTHER

15. MAIDEN NAME Susan Spurgeon

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

17. INFORMANT Ivan Gausan
 (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Mr Marshall DATE Nov 1st 1933

19. UNDERTAKER E G Wellborn
 (ADDRESS) Lebanon

20. FILED 4/10 1933 PTM Baker MD
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 31 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 29 1933 to Oct 31 1933
 I last saw him alive on Oct 31 1933 Death is said to have occurred on the date stated above, at 6:30 Pm.
 The principal cause of death and related causes of importance were as follows:
Hypostatic Pneumonia 10-28-33
Chronic Myocardial Degeneration +
Cardio-Renal Failure 1931
 Date of onset

Other contributory causes of importance:
1118

Name of operation Date of
 What test confirmed diagnosis? Urinalysis 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
 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) H. D. Meyer M.D.
 (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.

NCV 10 1933

WRITE PLAINLY, WITH UNFADING INK—THIS IS

