

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

Do not use this space
35559

1. PLACE OF DEATH
 County Atchison Registration District No. 19
 Township Clay Primary Registration District No. 4013
 City Rock Port (No. _____) St. _____ Ward _____

2. FULL NAME Phillipina Buschop
 (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 Female **4. COLOR OR RACE** White **5. SINGLE, MARRIED, WIDOWED, OR DIVORCED** (*write the word*) Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 25-1849

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
90 5 18

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

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) Germany

FATHER
13. NAME William Buschop
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Mrs. Volney Thomas, Rock Port Mo

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Sanball DATE Nov 9 1933

19. UNDERTAKER (ADDRESS) W. B. Bentman, Rock Port Mo

20. FILED Nov 7 1933 May 9 Chausselet
 Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) November 7- 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 - 1933 to Nov 7, 1933
 I last saw h. r. alive on Nov 7, 1933 Death is said to have occurred on the date stated above, at 7:30 P. m.
 The principal cause of death and related causes of importance were as follows:
Nephritis - Arteriosclerosis - and infirmities of age
132 A
97
162
 Other contributory causes of importance: age

Name of operation _____ **Date of** _____
What test confirmed diagnosis? No. Sp. & C. R. **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) Austin M. Michael, M. D.
 (Address) Rock Port Mo.

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.

NOV 10 1933

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