

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

Do not use this space.

36599
4521

1. PLACE OF DEATH Jackson

County.....

Registration District No. 399

File No.....

Township Kaw

Primary Registration District No. 1002

Registered No.....

City Kansas

(No. General Hospital St. Ward)

2. FULL NAME James P Buss

(a) Residence, No. 4201 Windsor St. 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 29 1869

7. AGE YEARS 64 MONTHS 7 DAYS 17 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Plaster
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. self
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 Mathue Buss

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

15. MAIDEN NAME Lucey Anderson

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

17. INFORMANT Susie Buss
(ADDRESS) 201 Windsor

18. BURIAL, CREMATION, OR REMOVAL PLACE Mount Moriah DATE 11 18 19 33

19. UNDERTAKER C.H. Blackman & Son
(ADDRESS) City

20. FILED 11-18 19 33 McClure
east Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov-16 19 33

22. I HEREBY CERTIFY That I attended deceased from Nov. 9 19 33 to Nov-16 19 33

I last saw him alive on Nov 15 19 33 Death is said to have occurred on the date stated above, at 12 A.m.

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

Acute Nephritis Date of onset 11/13
Labor pains 11/8-33

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

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) Ford S. Evans, M. D.

(Address) 804 Oggle

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.

1084
JAN 9

