

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.

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

Do not use this space. ✓

MAR 24 1934

1. PLACE OF DEATH

County JACKSON  
Township BLUE  
City INDEPENDENCE

Registration District No. 398  
Primary Registration District No. 3019  
(No. 1034 W. LEXINGTON

File No. 4770  
Registered No. 62  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME MRS. JULIA C. BUSIEL.

(a) Residence, No. 1034 W. LEXINGTON St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX FEMALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) WIDOWED

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 8 - 2 - 1859

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
74 6 5

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. NONE  
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) UNKNOWN MINNESOTA

FATHER 13. NAME WILLIAM WILSON

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

MOTHER 15. MAIDEN NAME UNKNOWN

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

17. INFORMANT DR. RENA RICH  
(ADDRESS) 1034 W. LEXINGTON

18. BURIAL, CREMATION, OR REMOVAL PLACE MOUND GROVE DATE FEBR. 10, 1934

19. UNDERTAKER STAHL'S FUNERAL HOME  
(ADDRESS) 815 W. MAPLE AVE. INDEP. MO.

20. FILED Feb 10 1934 Dr. Z. L. Cook Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) FEBR. 7, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 14 1934 to Feb 7, 1934  
I last saw him alive on Jan 14 1934. Death is said to have occurred on the date stated above, at 8:00PM

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

Cerebral Hemorrhage

82A

8201

Other contributory causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? Yes

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?

If so, specify \_\_\_\_\_

(Signed) Christ Gratske, M. D.

(Address) Independence, Mo.

