

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County PLASCONADERegistration District No. 303Township ROARKPrimary Registration District No. 5420City (No.)St. Ward

2. FULL NAME

ARVIL JOHN BUECKER(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)

SINGLE5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

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

MAY-23-1921

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.1799

OCCUPATION

8. Trade, profession, or particular kind of work done, as planner, sawyer, bookkeeper, etc.

ATTENDING SCHOOL

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)

HERMANN MO

FATHER

13. NAME

JOHN BUECKER

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

RHINELAND MO

MOTHER

15. MAIDEN NAME

CLARA VAN BOOVEN

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

RHINELAND MO

17. INFORMANT (ADDRESS)

Leo Buecker Hermann Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE ST. GEORGES Cem. DATE 3/3 1934

19. UNDERTAKER (ADDRESS)

HUGO BLUMER Hermann Mo20. FILED 3-2- 1934Anna K. Rickhoff

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 1 193422. I HEREBY CERTIFY, That I attended deceased from Feb. 22 1934, to March 1 1934I last saw him alive on March 1 1934. Death is said to have occurred on the date stated above, at 4:30 A.M.

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

Branchial Pneumonia Date of onset 2-20-34
1074

Other contributory causes of importance:

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) J. J. Hesslerig, M. D.(Address) Hermann, Mo.

