

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

Do not use this space.

16330

1. PLACE OF DEATH
 County Gasconade Registration District No. 302
 Township Clay Primary Registration District No. 6231
 City (No. _____) St. _____ Ward _____

2. FULL NAME Edward William Buddemeyer
 (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 M 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7-16-1888

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
45 10 16

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

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) Blount, Mo.

13. NAME H. F. Buddemeyer

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Herrmann, Mo.

15. MAIDEN NAME Wilhelmina Bauer

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

17. INFORMANT Clara Buddemeyer
 (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Blount, Mo. DATE 5-27-1934

19. UNDERTAKER H. F. Gattermeyer
 (ADDRESS) Blount, Mo.

20. FILED 5-25-1934 Clara Buddemeyer
 Registrar

1 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-25, 1934

22. I HEREBY CERTIFY, That I attended deceased from 3-12, 1934, to May 26, 1934

I last saw him alive on March 19, 1934. Death is said to have occurred on the date stated above, at 2:00 a.m.

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

Carcinoma of jaw,
450
45

Other contributory causes of importance:

Date of onset Apr. 1, 1933.

Name of operation none 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?

If so, specify _____

(Signed) J. Farrell, M. D.

(Address) Greenville, Mo.

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.

JUN 21 1934

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