

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.

JAN 1 6 1935

42570

1. PLACE OF DEATH

County Fasconade
Township clay
City (No)

Registration District No. 302
Primary Registration District No. 6231

File No. 42570
Registered No. (No) St. (No) Ward (No)

2. FULL NAME

(a) Residence, No. Frank Henry Buddemeyer St. (No) Ward (No)
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Minnie Buddemeyer
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 6 1837
7. AGE YEARS 77 MONTHS 4 DAYS 16 If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farmer
10. Date deceased last worked at this occupation (month and year) (No) 11. Total time (years) spent in this occupation (No)

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Woolham Mo
13. NAME Wm. Buddemeyer
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany
15. MAIDEN NAME Elizabeth Cramp
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) W F Gettens
18. BURIAL, CREMATION, OR REMOVAL PLACE Blond Evang DATE 12-26-34

19. UNDERTAKER (ADDRESS) W F Gettens

20. FILED 12-23-34 Blond

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 23 1934

22. I HEREBY CERTIFY, That I attended deceased from 12-19-34 to 12-23-34 1934
I last saw him alive on 12-23-34 1934 Death is said to have occurred on the date stated above, at 1 P. m.
The principal cause of death and related causes of importance were as follows:
Lobar
108 Pneumonia
Other contributory causes of importance: 108

Name of operation (No) Date of (No)
What test confirmed diagnosis? (No) Was there an autopsy? (No)
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? (No) Date of injury (No) 19(No)
Where did injury occur? (No) (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. (No)
Manner of injury (No) Nature of injury (No)
24. Was disease or injury in any way related to occupation of deceased? (No)
If so, specify (No) (Signed) Blond M. D. (Address) Blond Mo

