

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

Do not use this space.

1. PLACE OF DEATH **ADD 1 7 1935**

County **Jackson**  
Township ~~Law~~  
City **Kansas City**

Registration District No. **200**  
Primary Registration District No. **1002**  
St. **Mary's Hospital**

**12762**

File No. **1453**  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME **Paul B. Buhman**

(a) Residence, No. **1606 East 42nd** St., Ward \_\_\_\_\_  
(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) **MARRIED**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Eugenia Buhman**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **January 22, 1881**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. **54 2 13**

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Fuel Inspector for**

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **Missouri Pacific R.R.**

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) **Illinois**

13. NAME **H. H. Buhman**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **No information**

15. MAIDEN NAME **Martha Hoffman**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **No information**

17. INFORMANT **Mrs Eugenia Buhman**  
(ADDRESS) **1606 East 42nd St**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Nashville Ill** DATE **April 5 1935**

19. UNDERTAKER **Stine & McChesney**  
(ADDRESS) **3235 Millbrook Place**

20. FILED **4-5-35** **M. M. Crowe**  
Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **April 5, 1935**

22. I HEREBY CERTIFY That I attended deceased from \_\_\_\_\_, 19\_\_\_\_  
*Deputy Coroner*

I last saw him alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, \_\_\_\_\_, 19\_\_\_\_.

The principal cause of death and related causes of importance were as follows: **Chronic hypertensive myocarditis with coronary sclerosis** (Date of onset **93**)

Other contributory causes of importance: **with coronary thrombosis with myocardial infarction**

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? **Autopsy** 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) \_\_\_\_\_, M. D.  
(Address) \_\_\_\_\_

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.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

OCCUPATION  
MOTHER  
FATHER

The following information was obtained from the records of the  
 Department of the Interior, Bureau of Land Management, on the  
 subject of the above-captioned tract of land.

The tract of land described in the above-captioned instrument  
 is situated in the County of [County Name], State of [State Name],  
 and is more particularly described as follows:

[Detailed description of the land tract, including acreage, location, and any other relevant details.]

The above-described tract of land is owned by [Owner Name],  
 who is the holder of the title to the same.

The above-captioned instrument was duly recorded in the  
 office of the County Clerk of the County of [County Name],  
 State of [State Name], on the [Date] day of [Month], 19[Year].

The above information was obtained from the records of the  
 Department of the Interior, Bureau of Land Management, on the  
 subject of the above-captioned tract of land.

RECORDED

