

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

Do not use this space.

20080

1. PLACE OF DEATH

County Jasper Registration District No. 408
Township _____ Primary Registration District No. 3020
City Carthage (No. _____) St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 220 James 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct. 20, 1929</u>		
7. AGE	YEARS <u>5</u>	MONTHS <u>8</u>
	DAYS <u>7</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Child</u>	
	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 _____
FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Avella Missouri</u>	
	13. NAME <u>W. G. Buelson</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Bolivar Missouri</u>	
MOTHER	15. MAIDEN NAME <u>Mrs. M. Mitchell</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Cedar Co. Missouri</u>	
	17. INFORMANT <u>Mrs. W. G. Buelson</u> (ADDRESS) <u>1220 James - Carthage, Mo.</u>	
	18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Avella Cem.</u> DATE <u>July 2, 1935</u>	
	19. UNDERTAKER <u>Lucas Matthews</u> (ADDRESS) <u>Carthage, Mo.</u>	
	20. FILED <u>June 29, 1935</u> <u>S. B. Clinton</u> Registrar.	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 27, 1935

22. I HEREBY CERTIFY, That I attended deceased from June 27, 1935, to June 27, 1935
I first saw him on June 27, 1935 Death is said to have occurred on the date stated above, at 5 P.M. m.
The principal cause of death and related causes of importance were as follows:
Drowning
Dived into a pond at Hople Green home, edge of city, could not swim, he was accompanied by a small brother.
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? Accident Date of injury June 27, 1935
Where did injury occur? Carthage, Mo. Jasper Co.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Diving in a pond at Hople Green home
Manner of injury part of submergence
Nature of injury MD

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) W. G. Buelson, M. D.
(Address) Carthage, 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.

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