

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

Do not use this space.

6655

MAR 23 1936
DEATH

1. PLACE OF DEATH
 County Lincoln Registration District No. 491
 Township 01 Primary Registration District No. 5656
 City Lincoln (No.) St. Mo Ward 0

2. FULL NAME William Bueneman
 (a) Residence, No. 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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 21st 1850

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
86 1 3

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer Retired
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Citrus Farm
 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) Augusta Mo

FATHER
 13. NAME Herman Bueneman

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

MOTHER
 15. MAIDEN NAME Schoer

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

17. INFORMANT Thos Bueneman (ADDRESS) Troy Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Troy Mo DATE Feb 26th 1936

19. UNDERTAKER Pemper Bros (ADDRESS) Troy Mo

20. FILED Feb 25 1936 Mrs Pearl Mueck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 24th 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 21st 1936, to Feb 24th 1936.
 I last saw him alive on Feb 21st 1936. Death is said to have occurred on the date stated above, at m.

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

Other contributory causes of importance:
85

Name of operation NI Date of
 What test confirmed diagnosis? Was there an autopsy? No

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) W. J. Clarentash, M. D.
 (Address) Wright City Mo

This certificate is a public document, and its contents are to be made available to the public in any form, so that it may be properly classified. Exact statement of OCCUPATION is very important.

