

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.

MAR 24 1936

7048

1. PLACE OF DEATH

County Osage
Township Jackson
City Keeltztown (No. _____)

Registration District No. 641
Primary Registration District No. 5850

File No. _____
Registered No. _____ St. _____ Ward)

2. FULL NAME

(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 <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>Sept. 6, 1874</u>		
7. AGE	YEARS	MONTHS
<u>62</u>	<u>"</u>	<u>4</u>
		DAYS
		<u>25</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		11. Total time (years) all spent in this occupation <u>life</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) <u>1922</u>		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Keeltztown Mo.</u>		
13. NAME <u>Herman Buschjost</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>		
15. MAIDEN NAME <u>Elizabeth Hoecker</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis, Mo.</u>		
17. INFORMANT (ADDRESS) <u>Mrs. Anna Bax Keeltztown Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Keeltztown Mo.</u> DATE <u>Feb 3 1936</u>		
19. UNDERTAKER (ADDRESS) <u>Herman N. Stief</u>		
20. FILED <u>Feb 1 1936</u> <u>Robert Orater</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 1 1936

22. I HEREBY CERTIFY, That I attended deceased from held inquest on Feb 1, 1936

I last saw him alive on _____, 19____, Death is said to have occurred on the date stated above, at about 3:00 o'clock A.M.

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

The verdict of coroner is that he died of natural causes due to age

Other contributory causes of importance:

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Name of operation _____ 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. Radwagner, Coroner, M. D.
(Address) Keeltztown Mo.

