

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

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.

JUN 5 1936

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

Do not use this space.

791

20939

1. PLACE OF DEATH

County..... Registration District No.....
Township..... Primary Registration District No.....
City *St. Louis* (No. *1534*)
City *151-1332* (No. *1534*)
2. FULL NAME *John Busby*
(a) Residence, No. *1534* St. *Myrtle* Ward *25*
(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)

File No.....
Registered No. *5140*
St. Ward)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *M* 4. COLOR OR RACE *W* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Single*
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *July 10 - 1863*
7. AGE YEARS *72* MONTHS *10* DAYS *12* If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Clerk*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Railroad*
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) *Kentucky*
13. NAME *John Busby*
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Kentucky*
15. MAIDEN NAME *Thelma Unknown*
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Georgia*
17. INFORMANT *John Busby* (ADDRESS) *St. Louis*
18. BURIAL, CREMATION, OR REMOVAL PLACE *Poplar Bluff* DATE *May 10 1936*
19. UNDERTAKER *Alford H. Hoffe Inc.* (ADDRESS) *429 North Euclid*
20. FILED *MAY 12 1936* *J. H. Bredeckhoe* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *5/17/36*
22. I HEREBY CERTIFY, That I attended deceased from *11:35* 19 *36* to *2:12/36* 19 *36*
I last saw him alive on *5/17/36* 19 *36* Death is said to have occurred on the date stated above, at *9:25* AM
The principal cause of death and related causes of importance were as follows:
Arteriosclerotic Heart Disease Date of onset
95%
Other contributory causes of importance:
Arteriosclerosis General
Cardiac Decompensation
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 *Yes*
(Signed) *Roy Green* M. D.
(Address) *St. Louis*

