

JUL 20 1936

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

Do not use this space.

21992

1. PLACE OF DEATH

County Boone Registration District No. 73 File No. _____
Township _____ Primary Registration District No. 3006 Registered No. 193
City Columbia (No. University Hospital) St. _____ Ward _____

2. FULL NAME

Nenry S. Buescher
(a) Residence, No. 707 Stewart Rd Ward _____ (If nonresident, give city or town and State)
(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.

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 Mimi Buescher

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2-9-1872

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
64 4 20

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Broker

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) H. Madison, Iowa

13. NAME Christopher Buescher

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

15. MAIDEN NAME Wilhelmina Von Villenburg

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

17. INFORMANT (ADDRESS) Mrs. N. S. Buescher
Columbia, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Newport Park DATE 7-1-1936

19. UNDERTAKER (ADDRESS) Walter Hummel, Co.
Columbia, Mo.

20. FILED 6/30/1936 Alice Selby Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-29 1936

22. I HEREBY CERTIFY That I attended deceased from March 26 1936 to June 29 1936.

I last saw him alive on June 28 1936 Death is said to have occurred on the date stated above, at 1 A. m.

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

Calculation of right hip & thigh followed by suppurated abscess in subcutaneous tissue & below muscles. Date of onset 4-5-36

Other contributory causes of importance: Bronchopneumonia

Name of operation Drainage of abscess Date of 4/19/36

What test confirmed diagnosis _____ Was there an autopsy? W

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide. Date of injury _____ 19 _____

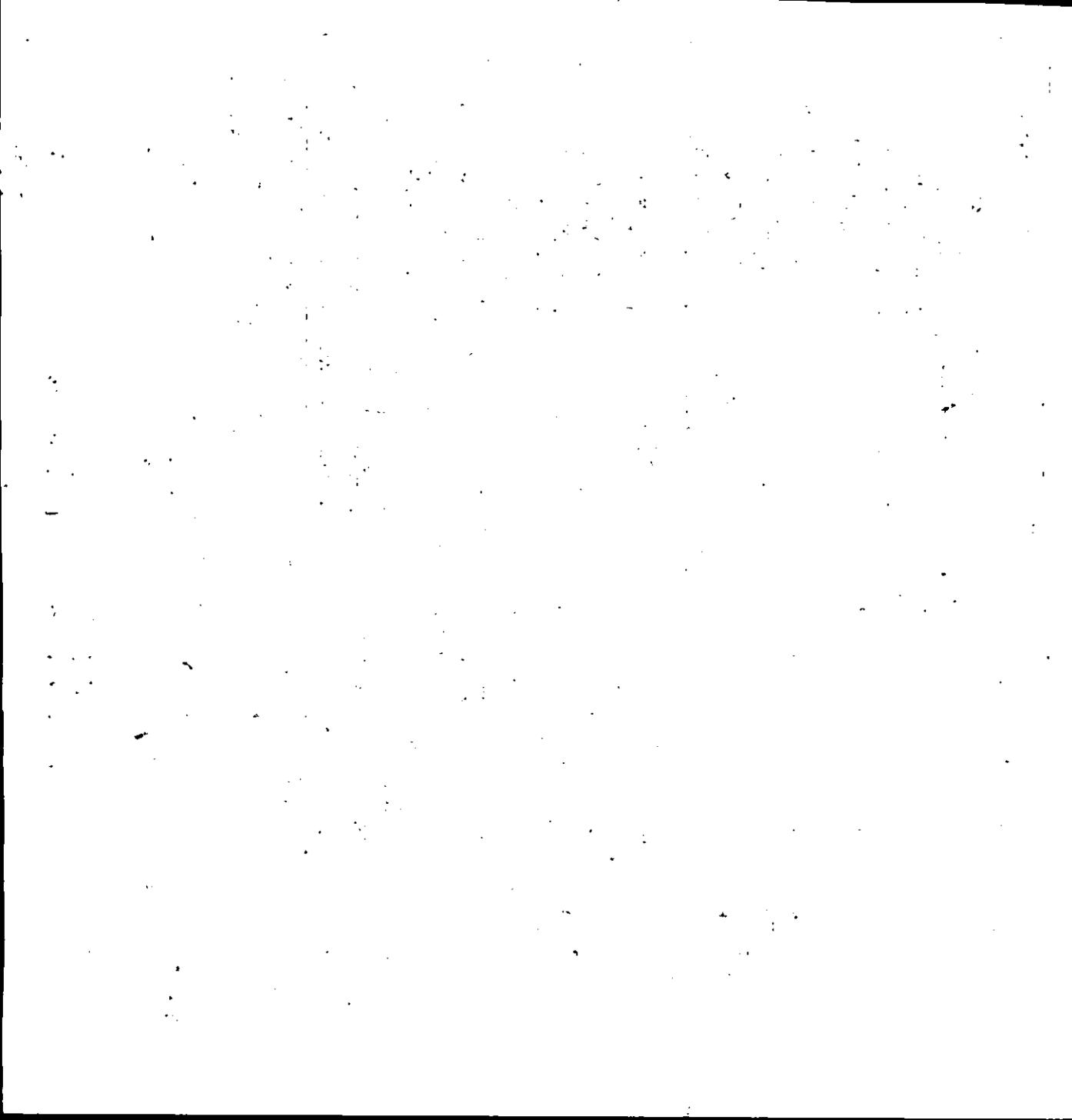
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify (Signed) W. Kaufschmidt M. D.
(Address) Columbia, Mo.



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1. PLACE OF DEATH

County Boone Registration District No. 73 File No. _____
 Township _____ Primary Registration District No. 3006 Registered No. _____
 City Columbia (No. _____) St. _____ Ward _____

2. FULL NAME

Henry S. Buescher

(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 m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE YEARS 64 MONTHS 4 DAYS 20 If LESS than 1 year, specify day, mo., or yr.

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
 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 _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

FATHER
 13. NAME _____

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

MOTHER
 15. MAIDEN NAME _____

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
 PLACE _____ DATE _____, 19____

19. UNDERTAKER (ADDRESS)

20. FILED 8/11/1936 Allice Selby Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-29-1936

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw him _____ alive on _____, 19____. 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:

Cellulitis of rt hip and thigh (Date of onset _____)
Probably originated from an old Eczema over the
 Other contributory causes of importance: scarum

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) A. H. Kampschmidt
 (Address) Columbia Mo

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RECEIVED
MAY 21 1992