

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

Do not use this space.

SEP 21 1936

30294

1. PLACE OF DEATH

County Clay Registration District No. 198
Township Fishing River Primary Registration District No. 3011
City Excelsior Springs, Mo. (No.) St. 3d Ward

File No.
Registered No.

2. FULL NAME BUSEER, William

Veterans Administration Facility Rt. #3, Independence, Mo.
(a) Residence, No. St. Ward.
(Usual place of abode) Excelsior Springs, Mo.

Length of residence in city or town where death occurred 0 yrs. 1 mos. 0 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 Colored	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Single				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 29, 1889				
7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	46	10	9	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farm Labor			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown			
	10. Date deceased last worked at this occupation (month and year) Unknown		11. Total time (years) spent in this occupation. Unknown	
12. BIRTHPLACE (CITY OR TOWN) Missouri (STATE OR COUNTRY)				
FATHER	13. NAME Louis Buseer			
	14. BIRTHPLACE (CITY OR TOWN) Missouri (STATE OR COUNTRY)			
MOTHER	15. MAIDEN NAME Annie Lobb			
	16. BIRTHPLACE (CITY OR TOWN) Missouri (STATE OR COUNTRY)			
17. INFORMANT Hospital Records (ADDRESS)				
18. BURIAL, CREMATION, OR REMOVAL PLACE Independence, Mo. DATE 8-7-36				
19. UNDERTAKER John C. Prather (ADDRESS) Excelsior Springs, Mo.				
20. FILED 8-7-1936 <i>Mrs. R. Mc Cracken</i> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Aug. 7, 1936** 19

22. I HEREBY CERTIFY, That I attended deceased from **July 7, 1936**, 19, to **Aug. 7, 1936**, 19. I last saw him alive on **Aug. 7, 1936**, 19. Death is said to have occurred on the date stated above, at **4:00 A.M.**
The principal cause of death and related causes of importance were as follows:
Date of onset

Acute cardiac dilatation

Other contributory causes of importance:
Valvular Heart disease, mitral insufficiency and stenosis

Name of operation **none** Date of

What test confirmed diagnosis? **Exam & Obs** Was there an autopsy? **No**

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? **NO** 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) **H.C. HARDEGREE, MD, Clinical Director**
Veterans Administration Facility
Excelsior Springs, Missouri

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.

