APR 15 1936

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

Do not use this space.

1. PLACE OF DEATH
County Butler — Registration District No. 89 — File No. 47877
Township Poplar Bluff — Primary Registration District No. 5131 — Registered No. 83
City ..... (No. 3 miles East of Poplar Bluff, Mo. ..... Ward)

2. FULL NAME Worgal Bucher
(a) Residence, No. 3 Mi. East of Poplar Bluff, Mo. 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
male	white	single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 10, 1936

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
0	0	0	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
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) Butler County Missouri

FATHER
13. NAME John Lewis Bucher
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Scott County Missouri

MOTHER
15. MAIDEN NAME Bertha L. Westrich
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Scott County Missouri

17. INFORMANT John Lewis Bucher
(ADDRESS) Butler County, Missouri

18. BURIAL, CREMATION, OR REMOVAL
PLACE Catholic cemetery DATE March 10, 1936

19. UNDERTAKER Greer Funeral Service
(ADDRESS) Poplar Bluff, Missouri

20. FILED 3/11, 1936 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 10, 1936

22. I HEREBY CERTIFY, That I attended deceased from Mar 10, 19..., to Mar 10 1936
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 8 A.m.
The principal cause of death and related causes of importance were as follows:

Stillborn

Date of onset

Other contributory causes of importance:

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) Alfred P. Carey, M. D.
(Address) Poplar Bluff, Mo.

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.

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

100M 1-24-33