

MAR 13 1937

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

Do not use this space.

6462

## 1. PLACE OF DEATH

County Jackson Registration District No. 399 File No. 6462  
Township Deer Primary Registration District No. 1002 Registered No. 5418  
City Dumas (No. R. C. Gen. Hosp.) St. Mo. Ward

## 2. FULL NAME

Chas Van Buschick  
(a) Residence, No. 5418 St John St. Mo. Ward. 1  
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 30 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 W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs Marie Van Buschick

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7-3-1886

7. AGE YEARS 50 MONTHS 5 DAYS 18 If LESS than 1 day, ..... hrs. or ..... min.

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) Ill.

13. NAME Edw. Van Buschick

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

15. MAIDEN NAME Elizabeth McLaughlin

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

17. INFORMANT Edw Van Buschick  
(ADDRESS) 5418 St John

18. BURIAL, CREMATION, OR REMOVAL

PLACE St Marys DATE 2/17 1937

19. UNDERTAKER W. J. Grayson  
(ADDRESS) 1537 N. M. Genome

20. FILED 15 37 M. M. Genome Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-15 1937

22. I HEREBY CERTIFY, That I attended deceased from 1-31 1937 to 2-15 1937

I last saw him alive on 2-15 1937 Death is said

to have occurred on the date stated above, at 4:50 am

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

Encephalomalacia  
with secondary  
Cerebral hemorrhage  
Date of onset

Other contributory causes of importance:

Bilateral hypoplastic bronchopneumonia

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy? Yes

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) P. F. De Maria, M. D.

(Address) St. J. C. Gen. Hosp.

St. Marys

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.

