

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

Do not use this space.

APR 20 1937

1. PLACE OF DEATH

County Jackson Registration District No. 398
 Townships Blue Primary Registration District No. 5554
 City Independence, Mo.

File No. 12151
 Registered No. 121
 St. _____ Ward _____

2. FULL NAME Louis Busser

(a) Residence, No. R.R. 3- 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 Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Slave child about 1847?

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
About 90

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 54-

10. Date deceased last worked at this occupation (month and year) Feb. 15 11. Total time (years) spent in this occupation. 54

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pilot Knob, Mo.

13. NAME Louis Busser

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

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Miss Mary Busser, Independence, Mo.

18. BURIAL, CREMATION, OR REMOVAL Int. DATE April 13, 37

19. UNDERTAKER (ADDRESS) C. D. Carson, Inc., Independence, Mo.

20. FILED Apr. 8, 1937 F. L. Cook Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 30, 1937

22. I HEREBY CERTIFY, That I attended deceased from Mar 28, 1937, to _____, 19____

I last saw him alive on Mar 28, 1937 Death is said to have occurred on the date stated above, at 6 am.

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

chronic Bronchitis
chronic Myocarditis

Other contributory causes of importance: 93

Name of operation _____ Date of _____

What test confirmed diagnosis? obvial Was there an autopsy? no

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? no

If so, specify _____ (Signed) F. L. Cook, M. D.
 (Address) Independence

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.

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