

APR 26 1937

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

(Do not use this space.)

1. PLACE OF DEATH

County CallRegistration District No. 701File No. 13058Township MarionPrimary Registration District No. 5930Registered No. 82

City (No.)

St. Ward)

2. FULL NAME Katrina Buensch

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

female white widowed

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 22, 1937

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF (OR) WIFE OF

Tom Buensch22. I HEREBY CERTIFY, That I attended deceased from March 1, 1937, to March 22, 1937.I last saw her alive on March 20, 1937. Death is said

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

09/17-1864to have occurred on the date stated above, at 5:00 m.

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

7255

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

Uremia Date of onset March 1

OCCUPATION

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

H. W.

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

Bookkeeper

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

Cardiovascular renal disease 1936

Other contributory causes of importance:

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

Austria

FATHER

13. NAME

Michael Curinger

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

Austria

MOTHER

15. MAIDEN NAME

Mary Kappan

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

Austria

17. INFORMANT (ADDRESS)

Alex Buensch

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Karlton

DATE

3-24-37

19. UNDERTAKER (ADDRESS)

Hutchinson Blair
Bolivar Mo.

20. FILED

3-23-37J. F. Pollock
Registrar.

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? No

If so, specify

(Signed) Dayle M. Wilson, M. D.(Address) Bolivar 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.

