

DEC 16 1937

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

Do not use this space.

41066

1. PLACE OF DEATH

County CooperRegistration District No. 218

File No. _____

Township _____

Primary Registration District No. 3013Registered No. 167City Boonville Mo

(No. _____)

St Joseph Hospital

St. _____

Ward _____

2. FULL NAME Wm H Buschmeyer

(a) Residence, No. _____

(Usual place of abode)

St. _____

Ward. Howard Co MoHoward Co Mo

(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

Male

4. COLOR OR RACE

White

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

Married

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

Clara Buschmeyer

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

Jan 21-1874

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION

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

Retired Farmer

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)

Dec 1924

11. Total time (years) spent in this occupation

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

Pinkney, Warren Co Mo

MOTHER FATHER

13. NAME

Frederick Buschmeyer

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

Germany

15. MAIDEN NAME

Mary Wirtz

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

Prussia

17. INFORMANT (ADDRESS)

Mrs W. H. Buschmeyer

18. BURIAL, CREMATION, OR REMOVAL PLACE

St Pleasant CemNew Franklin MoDATE Nov 25 1937

19. UNDERTAKER (ADDRESS)

Goodman & Holley20. FILED Nov 23 1937Boonville, Mo

Registrar.

MEDICAL CERTIFICATE OF DEATH

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

Nov-20th 1937

22. I HEREBY CERTIFY, That I attended deceased from

Nov 17to Nov 20, 1937I last saw him alive on Nov 20, 1937 Death is saidto have occurred on the date stated above, at 5 a. m.

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

Date of onset

Adenocarcinoma of the stomach, involving whole stomach (limitis plastica)

Other contributory causes of importance:

Shock from operationName of operation total gastrectomy Date of Nov 17 37What test confirmed diagnosis? microsc. 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 _____, 1937

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) Herbert R. Ramsey, M. D.(Address) Boonville, 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.

