

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

Do not use this space.

2010
3

1. PLACE OF DEATH

County Barren
Township
City Hartsburg, Mo.

Registration District No. 76
Primary Registration District No. 511015
4044

File No. _____
Registered No. _____
St. _____ Ward) _____

2. FULL NAME

(a) Residence, No. Lawrence Busch 220
(Usual place of abode) Hartsburg, Mo. Ward.

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lulu Pramuel Busch
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 29, 1864
7. AGE YEARS 73 MONTHS 2 DAYS 2 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. Banker
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) St. Louis, Mo.
(STATE OR COUNTRY)

13. NAME Bernard Busch
14. BIRTHPLACE (CITY OR TOWN) Germany
(STATE OR COUNTRY)

15. MAIDEN NAME Elizabeth Beckelman
16. BIRTHPLACE (CITY OR TOWN) Germany
(STATE OR COUNTRY)

17. INFORMANT Borney Busch
(ADDRESS) Hartsburg, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Pleasant Cemetery, Feb. 3, 1938

19. UNDERTAKER Busch General Home
(ADDRESS) 429 E. Capital Ave.

20. FILED 47 1938 W. C. Primm
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/31 1938
22. I HEREBY CERTIFY, That I attended deceased from 1926 1938 to 1938 1938.
I last saw him alive on Jan. 31, 1938 Death is said to have occurred on the date stated above, at 5:15 A.M.
The principal cause of death and related causes of importance were as follows:

arteriosclerosis
RECEIVED
Other contributory causes of importance: an
FEB 21 1938
Date of onset

BUREAU OF VITAL STATISTICS
Name of operation hypertension Date of no
What test confirmed diagnosis? hypertension 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 _____, 1938

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) La. P. Meager M. D.

77 (Address) Hartsburg, Mo.

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

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.

1-10914

