

REC'D OCT 25 1938

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

Do not use this space.

32785

1. PLACE OF DEATH

County *Miller*
Township *Osage*
City *St. Elizabeth* (No. _____ St. _____ Ward)

Registration District No. *6*
Primary Registration District No. *5760*

File No. _____
Registered No. _____

2. FULL NAME

Joseph Buechler *237*

(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 *60* 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) *widowed*

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Dec. 7-1860*

7. AGE YEARS *77* MONTHS *9* DAYS *13* IF LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 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.
10. Date deceased last worked at this occupation (month and year) *1935* 11. Total time (years) spent in this occupation *60*

12. BIRTHPLACE (CITY OR TOWN) *Rich Fountain* (STATE OR COUNTRY) *Mo.*

FATHER 13. NAME *Frank Buechler*

14. BIRTHPLACE (CITY OR TOWN) *Westphalia* (STATE OR COUNTRY) *Germany*

MOTHER 15. MAIDEN NAME *Gertrude Decker*

16. BIRTHPLACE (CITY OR TOWN) *Westphalia* (STATE OR COUNTRY) *Germany*

17. INFORMANT *Lambert Buechler* (ADDRESS) *St. Elizabeth, Mo.*

18. BURIAL, CREMATION, OR REMOVAL PLACE *St. Elizabeth, Mo.* DATE *Sept. 23 38*

19. UNDERTAKER *Oh Gary Ibrum* (ADDRESS) *Mo.*

20. FILED *Sept 21 1938* *John S. Schurter* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Sept. 20 1938*

22. I HEREBY CERTIFY, That I attended deceased from *3-1*, 19*38* to *Sept 20*, 19*38*

I last saw him alive on *3-1*, 19*38*. Death is said to have occurred on the date stated above, at *8:30 a.m.*

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

Carcinoma of the Rectum Date of onset _____

Other contributory causes of importance: *40*

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? _____
If so, specify _____

(Signed) *G. W. Duncan*, M. D. (Address) *Idalia 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.

RECEIVED

Miller County Health Dep't.

County File Number.-----

Date Filed 10-13-38