

DEC'D APR 18 1939

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

Do not use this space.

1. PLACE OF DEATH

County Linn
Township Grantsville
City..... (No....., St..... Ward)

Registration District No. 504
Primary Registration District No. 3-667

File No. 11438
Registered No. 3

2. FULL NAME Ed. B. Buswell

(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

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 Mary V. Buswell

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan'y 17, 1877

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
62 2 14

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) Dec. 1938 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Linn County Missouri

13. NAME Mathew Buswell

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

15. MAIDEN NAME Anna Lambert

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

17. INFORMANT Mrs. Mary V. Buswell
(ADDRESS) Purdin, Missouri

18. BURIAL, CREMATION, OR REMOVAL

PLACE Bear Branch DATE 4/3/1939

19. UNDERTAKER Thorne Undertaking Co.
(ADDRESS) Linn, Missouri

20. FILED Apr - 8 - 1939 U. C. Dryden
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/1/1939, 19

22. I HEREBY CERTIFY, That I attended deceased from 3-15, 1939, to 4-1, 1939

I last saw him alive on 3-30, 1939 Death is saidto have occurred on the date stated above, at 11.00 A. M.

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

Carcinoma of
liver (primary) Date of onset 3 yrs.

Other contributory causes of importance:

hemorrhage + secondary
anemia

Name of operation None Date ofWhat test confirmed diagnosis? usual Was there an autopsy? Yes

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) W. C. Dryden M.D.1152 (Address) Bearfield 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.

NOV 19 1948

RECEIVED

District Health Officer No. 10

District File Number 10-39-483

Date Filed APR 15 1939