

REC'D APR 7 1939

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

Do not use this space.

1. PLACE OF DEATH

County

New Madrid 1

Registration District No.

604

File No.

11669

Township

City

New Madrid

(No.)

Primary Registration District No.

5807

Registered No.

St.

Ward)

2. FULL NAME

William Buesching

(a) Residence, No.

(Usual place of abode)

St.

Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred *50* 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

Mathie Leo Buesching

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

April 19-1859

7. AGE

YEARS

79

MONTHS

11

DAYS

1

If LESS than 1 day, hrs. or min.

OCCUPATION

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

Abstractor

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)

11. Total time (years) spent in this occupation

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

Crittick, Germany

MOTHER FATHER

13. NAME

Unknown

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

Germany

15. MAIDEN NAME

Unknown

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

Unknown

17. INFORMANT (ADDRESS)

*Curtis Buesching
New Madrid, Mo*

18. BURIAL, CREMATION, OR REMOVAL

PLACE

New Madrid

DATE

March 22, 1939

19. UNDERTAKER (ADDRESS)

*Richards Hurd Co.
New Madrid*

20. FILED

3/27

1939

Wm O'Bannon

Registrar.

MEDICAL CERTIFICATE OF DEATH

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

March 20, 1939

22. I HEREBY CERTIFY, That I attended deceased from

March 1, 1939, to March 20, 1939

I last saw h.f. alive on *March 20, 1939* Death is said

to have occurred on the date stated above, at *11:40 a.m.*

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

Coronary Thrombosis

Date of onset
Mar 20

Other contributory causes of importance:

*Angina Pectoris
arteriosclerosis
myocarditis*

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)

Ernie Smith

M. D.

(Address)

New Madrid 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.

