

REC'D MAY 22 1939

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

15871  
Do not use this space.

1. PLACE OF DEATH <sup>2</sup>  
 (a) County Putnam Registration District No. 718  
 (b) Township Wilson Primary Registration District No. 3-948 Registered No. 14  
 (c) City \_\_\_\_\_ (d) Street No. \_\_\_\_\_  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Ulysses Grant Busby  
 (a) Residence, No. \_\_\_\_\_ St.  (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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 26-1867

7. AGE YEARS 71 MONTHS 8 DAYS 13 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer  
 9. Industry or business in which work was done, as saw mill, bank, etc. Farm  
 10. Date deceased last worked at this occupation (month and year) July 1, 1938 11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Martinsville, Indiana

FATHER 13. NAME George Busby  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Rout Knob

MOTHER 15. MAIDEN NAME Margaret Adams  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Rout Knob

17. INFORMANT Berdella Busby  
 (ADDRESS) Tenover mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Tenover DATE Apr 11 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Constock Merc  
Unionville mo

20. FILED April 10, 1939 H. W. Sullivan  
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 9, 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec 25, 1937, to Apr 7, 1939  
 I last saw him alive on Apr 7, 1939 Death is said to have occurred on the date stated above, at 8:35 a.m.  
 The principal cause of death and related causes of importance were as follows:  
Hemiplegia (Cerebral) Apoplexy Diabetes  
59 9/2/39

Other contributory causes of importance:  
Dropsy ?  
Diabetes

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) H. W. Sullivan, M.-D.  
 (Address) Unionville 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

District Health Officer No. 10

District File Number 10-39-902

Date Filed MAY 3 1939

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me

or by

*James W. Comstock*

Registered Apprentice No. 137, working under my personal supervision.

Signed

*John T. Comstock*

Licensed Embalmer No. 3891

P. O. Address Unionville, M.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.