

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

Do not use this space.

OCT 20 1937

1. PLACE OF DEATH

County Henry Registration District No. 347 File No. 34310
 Township Whiteside Primary Registration District No. 5495 Registered No. _____
 City Union (No. _____) St. _____ Ward _____

2. FULL NAME Minnie B. Busse

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 9, 1937

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Henry Busse

22. I HEREBY CERTIFY, That I attended deceased from Oct 29, 1936, to Sept 29, 1937

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 27 1858

I last saw h. or alive on Sept 29, 1937 Death is said to have occurred on the date stated above, at 10 P. m.

7. AGE YEARS 79 MONTHS 5 DAYS 6 If LESS than 1 day, _____ hrs. or _____ min.

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

Arterio Sclerosis Date of onset _____

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

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 _____

Other contributory causes of importance: _____

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

13. NAME H. J. Bates

Name of operation ✓ Date of _____
 What test confirmed diagnosis? X Was there an autopsy? No

14. BIRTHPLACE (CITY OR TOWN) Orange County (STATE OR COUNTRY) Mo.

15. MAIDEN NAME S. C. Hulst

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. _____

16. BIRTHPLACE (CITY OR TOWN) Orange County (STATE OR COUNTRY) Mo.

17. INFORMANT (ADDRESS) E. J. W. ...

Manner of injury _____
 Nature of injury _____

18. BURIAL, CREMATION, OR REMOVAL PLACE Grave DATE 10-10-37

24. Was disease or injury in any way related to occupation of deceased? No

19. UNDERTAKER (ADDRESS) Smith & Graham

If so, specify _____ (Signed) J. W. Gallbreath, M. D.
 (Address) Union Mo

20. FILED 10-11 1937 J. R. Hampton Registrar.

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.

