

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

Do not use this space.

**30307**

**1. PLACE OF DEATH**

68 County Monroe Registration District No. 571  
1 Township Walden Primary Registration District No. 4335  
2 City California (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. (48)

**2. FULL NAME**

(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 <u>Female</u>		4. COLOR OR RACE <u>W</u>		5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>H. A. Bueshard</u>					
5. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 17 - 1836</u>					
7. AGE YEARS <u>97</u>		MONTHS <u>3</u>		DAYS <u>22</u>	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.					
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) <u>Perry</u>					
13. NAME <u>Mr. Kehr</u>					
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>					
15. MAIDEN NAME <u>Dmit Knave</u>					
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>					
17. INFORMANT <u>Mrs. Alonzo Knave</u> (ADDRESS) <u>California Mo</u>					
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Old Tallowen</u> DATE <u>9/12</u> 19 <u>37</u>					
19. UNDERTAKER <u>W. H. &amp; Fred Meyer</u> (ADDRESS) <u>California Mo</u>					
20. FILED _____ 19 _____ Registrar.					

**2 MEDICAL CERTIFICATE OF DEATH**

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

22. I HEREBY CERTIFY, That I attended deceased from Sept 3, 1933, to Aug 9, 1933  
I last saw him alive on Feb 9, 1933 Death is said to have occurred on the date stated above, at 10:15 a.m.  
The principal cause of death and related causes of importance were as follows:  
Calitoxemia  
1200 B / 2010  
69 B  
Other contributory causes of importance:

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? Yes  
If so, specify \_\_\_\_\_  
(Signed) J. P. Bueshard Jr., M. D.  
(Address) California, Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

OCT 20 1937

10

10

