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

Do not use this space.

18261

1. PLACE OF DEATH
County St. Francois — Registration District No. 775
Township Perry — Primary Registration District No. 6070
City ... (No. ... St. ... Ward)
File No. ... Registered No. 44

2. FULL NAME Elisha Buce

(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 | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) |
|---|---|---|
| Male | White | Married |

5a. IF MARRIED, WIDOWED, OR DIVORCED — HUSBAND OF (OR) WIFE OF Martha Buce

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Septem 17 1855

| 7. AGE | YEARS | MONTHS | DAYS | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 73 | 8 | 2 | |

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer) Farm Work
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Essex England
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Thomas Buce
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Essex
(STATE OR COUNTRY) England
12. MAIDEN NAME OF MOTHER Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Essex
(STATE OR COUNTRY) England

14. INFORMANT Elza Buce
(Address) Bonnetere Mo.

15. FILED 5/20 19 28 T. A. Son
REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 19 1928

17. I HEREBY CERTIFY, That I attended deceased from April 28, 1928 to May 19, 1928 that I last saw h... alive on May 19 1928, and that death occurred, on the date stated above, at 11-30 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Nephritis
Uremia
(duration) ... yrs. 3 mos. 0 ds.
CONTRIBUTORY (SECONDARY) Enlargement of Prostate,
(duration) ... yrs. 2 mos. [illegible] ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? At Home
DID AN OPERATION PRECEDE DEATH? No! DATE OF ...
WAS THERE AN AUTOPSY? No!
WHAT TEST CONFIRMED DIAGNOSIS? Clinical Symptoms!
(Signed) L. E. Langley, M. D
5-20, 1928 (Address) Bonnetere

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Bonnetere Cemetery
DATE OF BURIAL 5-21 1928
20. UNDERTAKER P. A. Benham
ADDRESS Bonnetere

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.