

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

Do not use this space.

**30274**

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.

92-1078

PLACE OF DEATH  
 County Cape Gir. Co. Registration District No. 174  
 Township Apple Primary Registration District No. 4069  
 City Gordonville No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Augusta Buckhart  
 (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 Female  
 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 Joseph Blackhart  
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 14 - 1860  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
79 5 25  
 8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work House wife  
 (b) General nature of industry, business, or establishment in which employed (or employer)  
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cape Gir. Co. Mo  
 10. NAME OF FATHER Wm Ames  
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Germany  
 12. MAIDEN NAME OF MOTHER Hant Knapp  
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Germany

14. INFORMANT Mrs. C. W. White  
 (Address) Cape Girardon Mo

15. FILED Sept 11 1929 DW/S August  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 9 1929  
 17. I HEREBY CERTIFY, That I attended deceased from Aug 19 1929 to Sept 9 1929  
 that I last saw her alive on Sept 9 1929, and that death occurred, on the date stated above, at Sept 9 1929  
 THE CAUSE OF DEATH\* WAS AS FOLLOWS: 4:30 PM  
Megara Disease  
and Cardiac failure  
94A

(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
 CONTRIBUTORY (SECONDARY) \_\_\_\_\_ (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
 18. WHERE WAS DISEASE CONTRACTED at place of death  
 IF NOT AT PLACE OF DEATH \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_  
 WAS THERE AN AUTOPSY? no  
 WHAT TEST CONFIRMED DIAGNOSIS \_\_\_\_\_  
 (Signed) Wm. J. ... M. D.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Gordonville  
 DATE OF BURIAL Sept 11 1929  
 ADDRESS Cape Gir. Mo.

20. UNDERTAKER Loring F & U Co  
 \*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.

01/12/01