

Bohn, Anna Mary Busse 1862 - 1922

| PERSONAL AND STATISTICAL PARTICULARS  |  | MEDICAL CERTIFICATE OF DEATH   |  |
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| <b>1 PLACE OF DEATH</b><br>County <u>Hamilton</u> Registration District No. <u>8227</u> File No. <u>38314</u><br>Township _____ Primary Registration District No. <u>3605</u> Registered No. _____<br>or Village _____ No. _____ St. _____ Ward _____<br>or City of <u>Cincinnati</u> (If death occurred in a hospital or institution, give its NAME instead of street and number)  |  | STATE OF OHIO<br>BUREAU OF VITAL STATISTICS<br><b>494 CERTIFICATE OF DEATH</b><br>File No. <u>38314</u><br>Registered No. <u>3605</u>  |  |
| <b>2 FULL NAME</b> <u>Anna Mary Busse</u><br>(a) Residence. No. <u>1608 Hughes</u> St. _____ Ward _____<br>(Usual place of abode) (If nonresident give city or town and State)<br>Length of residence in city or town where death occurred <u>35</u> yrs. <u>9</u> mo. <u>15</u> da. How long in U. S. if of foreign birth? yrs. mo. da.  |  | <b>16 DATE OF DEATH</b> (month, day, and year) <u>July 10</u> 19 <u>22</u><br><b>17 I HEREBY CERTIFY</b> , That I attended deceased from <u>May 28</u> 19 <u>22</u> to <u>July 10</u> 19 <u>22</u><br>that I last saw her alive on <u>July 10</u> 19 <u>22</u><br>and that death occurred, on the date stated above, at <u>11:30 a.</u> m.<br>The CAUSE OF DEATH* was as follows:<br><u>chronic myocarditis</u>  |  |
| <b>3 SEX</b> <u>female</u> <b>4 COLOR OR RACE</b> <u>Wh</u> <b>5 Single, Married, Widowed or Divorced</b> (write the word) <u>Widowed</u><br><b>5a</b> If married, widowed or divorced HUSBAND of (or) WIFE of <u>Nicholas Busse</u><br><b>6 DATE OF BIRTH</b> (month, day, and year) <u>May 1<sup>st</sup> 1867</u><br><b>7 AGE</b> Years <u>57</u> Months <u>2</u> Days <u>9</u> <b>8</b> If LESS than 1 day, hrs. or min. _____<br><b>8 OCCUPATION OF DECEASED</b><br>(a) Trade, profession, or particular kind of work. <u>Housework</u><br>(b) General nature of industry, business, or establishment in which employed (or employer). _____<br>(c) Name of employer _____ |  | <b>18</b> Where was disease contracted _____ If not at place of death? _____<br><b>19</b> Did an operation precede death? <u>no</u> Date of _____<br>Was there an autopsy? _____<br>What test confirmed diagnosis? _____<br>(Signed) <u>Wm. E. Lutz</u> M. D.<br><u>July 11, 1922</u> (Address) <u>1676 McMillan</u>   |  |
| <b>9 BIRTHPLACE</b> (city or town) <u>Irvington</u> (State or country) <u>Ind.</u><br><b>10 NAME OF FATHER</b> <u>Casper Busse</u><br><b>11 BIRTHPLACE OF FATHER</b> (city or town) <u>Ind. Penn</u> (State or country) <u>Germany</u><br><b>12 MAIDEN NAME OF MOTHER</b> <u>Anna Casper</u><br><b>13 BIRTHPLACE OF MOTHER</b> (city or town) <u>Madison Ind.</u> (State or country) <u>Ind.</u>  |  | * State the DISEASE CAUSING DEATH, or in death from VIOLENCE CAUSE, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL. (See reverse side for additional space.)<br><b>14 Informant</b> <u>Julia Busse</u><br>(Address) <u>1608 Hughes</u><br><b>15</b> <u>July 12</u> 19 <u>22</u> <u>Candler Evans</u> REGISTRAR<br><b>19 PLACE OF BURIAL, CREMATION, OR REMOVAL</b> <u>St. Margarets Church</u> <b>DATE OF BURIAL</b> <u>July 13</u> 19 <u>22</u><br><b>20 UNDERTAKER</b> License No. _____ ADDRESS _____<br><u>Wassermann &amp; Daiflenke - Quin D.</u> |  |