

Busse, Elizabeth 'Sr. Mary Andrew' 1865 - 1916

Commonwealth of Kentucky
STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

23356

FORM V - 1-30-08

1 PLACE OF DEATH
County Jefferson

2 FULL NAME Sister Mary Andrew Busse

Registration District No. _____
Primary Registration District No. _____
City Louisville (No. 804 E Chestnut 2 Ward)

File No. _____
Registered No. 2928

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

1 SEX Female 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED OR DIVORCED Single
(Write the name)

6 DATE OF BIRTH July 13, 1865
(Month) (Day) (Year)

7 AGE 51 yrs. 2 mos. 4 ds. IF LESS than 1 day ... hrs. or ... min.?

8 OCCUPATION (a) Trade, profession, or particular kind of work School Teacher
(b) General nature of industry, business or establishment in which employed (or employer) Holy Trinity School

9 BIRTHPLACE (State or country) Mudlick Ind

10 NAME OF FATHER Henry Busse

11 BIRTHPLACE OF FATHER (State or country) Germany

12 MAIDEN NAME OF MOTHER Anna Kesina Behm

13 BIRTHPLACE OF MOTHER (State or country) Germany

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) M. M. Angala
(Address) 804 E Chestnut

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Sept 17, 1916
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from about 3 years ago to Sept 17, 1916, that I last saw him or alive on Sept 17, 1916, and that death occurred on the date stated above at 11:30 a.m. The CAUSE OF DEATH* was as follows:
Pulmonary Hemorrhage
(Duration) ... yrs. ... mos. ... ds.

Contributory (SECONDARY) Pulmonary Tuberculosis
(Duration) ... yrs. ... mos. ... ds.

(Signed) B. J. O'Connor M. D.
Sept 16, 1916 (Address) 547 Chestnut

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

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)
At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.
Where was disease contracted, if not at place of death? _____
Former or usual residence _____

19 PLACE OF BURIAL OR REMOVAL St Michaels DATE OF BURIAL Sept 19, 1916

20 UNDERTAKER Bassey Son ADDRESS Louisville, Ky

Filed _____ 1916 _____ Registrar _____

11-3184

MARGIN RESERVE FOR BINDING
 WRITE PLAIN, WITH UNFADING INK--THIS IS A PERMANENT RECORD
 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. See instructions on back of certificate.