

Busse, Joseph H 1898 - 1937

Kentucky Post – December 30, 1937

BUSSE—Joseph, beloved husband of Sophia Hiltz Busse, of 204 Grand-av, Forest Hills, Covington, Ky., Wednesday, December 29, 1937, age 39 years. Funeral Friday, December 31, from the Linne-mann Funeral Home, 25-27 E. 11th-st., at 8:30 a. m. Requiem High Mass at St. Anthony Church, Forest Hills, at 9 a. m. Interment in Mother of God Cemetery.



Form V. S. 2-A		COMMONWEALTH OF KENTUCKY Department of Health BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH		31843
1. PLACE OF DEATH County <u>Kenton</u>		Registration District No. <u>790</u>		File no. _____
Vot. Pct. _____		Primary Registration District No. <u>2290</u>		Registered No. _____
Inq. Town _____		(No. _____ St. _____ Ward _____)		
City <u>Cornington</u>		(If death occurred in a hospital or institution, give its NAME instead of street and number)		
2. FULL NAME <u>Joseph Busse</u>		IF VETERAN, WHAT WAR? _____		
(a) Residence, No. <u>204 Grand Ave.</u> St. _____ Ward _____		(Usual place of abode)		(If nonresident, give city or town and State)
Length of residence in city or town where death occurred <u>39</u> yrs. <u>8</u> mos. <u>20</u> ds.		How long in U. S., if of foreign birth? yrs. mos. ds.		
PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH		
3. SEX <u>M</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed or Divorced (write the word) <u>Married</u>		
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Sophia Wittz</u>		21. DATE OF DEATH <u>Dec 29th 1937</u> , 19 <u>37</u>		
6. DATE OF BIRTH <u>April 9th 1898</u>		I HEREBY CERTIFY, That I attended deceased from <u>Dec 21-31, 1937</u> to <u>Dec 29</u> , 19 <u>37</u>		
7. AGE Years <u>39</u> Months <u>8</u> Days <u>20</u> IF LESS than 1 day.....hrs. or.....min.		I last saw <u>him</u> alive on <u>Dec 27</u> , 19 <u>37</u> , death is said to have occurred on the date stated above, at <u>his</u> home. The principal cause of death and related causes of importance in order of onset were as follows: <u>Typhoid Acute Acute Pectoris</u> Date of onset _____		
8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. <u>Steam, Shovel Operator</u>		Contributory causes of importance not related to principal cause: <u>none as I could find</u>		
9. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Kenton County</u>		Name of operation _____ Date of _____		
10. Date deceased last worked at this occupation (month and year) <u>Dec 28 1937</u> 11. Total time (years) spent in this occupation <u>1 1/2 yrs</u>		What test confirmed diagnosis? _____ Was there an autopsy? _____		
12. BIRTHPLACE <u>Cornington Ky.</u>		23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide _____ date of injury _____ 19 <u>37</u>		
13. NAME <u>Henry Busse</u>		Where did injury occur? _____ (Specify city or town, county, and State)		
14. BIRTHPLACE <u>Cornington Ky.</u>		Specify whether injury occurred in industry, in home, or in public place.		
15. MAIDEN NAME <u>Elizabeth Busse</u>		Manner of injury <u>M</u>		
16. BIRTHPLACE <u>Cornington Ky.</u>		Nature of injury _____		
17. INFORMANT <u>Mrs. Sophia Busse</u> (Address) <u>204 Grand Ave. Cor. Ky.</u>		24. Was disease or injury in any way related to occupation of deceased? <u>No</u> . If so, specify _____		
18. BURIAL, CREMATION, OR REMOVAL Place <u>Mother of Dea</u> Date <u>Dec 31st</u> , 19 <u>37</u>		(Signed) <u>F. H. Adams</u> M.D.		
19. UNDERTAKER <u>H. L. Lingenfelter & Sons</u> (Address) <u>Cornington Ky.</u>		(Address) <u>Cornington Ky.</u>		
20. FILED <u>DEC 29 1937</u> 19 <u>37</u> <u>F. H. Adams</u> Registrar.				