

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

PLACE OF DEATH

County Newton
Township East Newton
or
Village _____
or
City _____ (NO. _____ St.: _____ Ward)

Registration District No. 142 File No. 32132
Primary Registration District No. 6264 Registered No. 23

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

FULL NAME Elizabeth J Buckingham

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX Female COLOR OR RACE White SINGLE MARRIED Widowed
WIDOWED OR DIVORCED (Write the word)

DATE OF DEATH Sept 6, 1911
(Month) (Day) (Year)

DATE OF BIRTH Jan 24, 1892
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Sept 1, 1911, to Sept 6, 1911, that I last saw him alive on Sept 4, 1911, and that death occurred, on the date stated above, at 6 a.m.

AGE 79 yrs. 9 mos. 12 ds. IF LESS than 1 day, ___ hrs. or ___ min.?

The CAUSE OF DEATH* was as follows:

OCCUPATION (a) Trade, profession, or particular kind of work House Keeper
(b) General nature of industry, business, or establishment in which employed (or employer) 90

Chronic Endocarditis
92A
97A
(Duration) 2 yrs. 6 mos. 6 ds.

BIRTHPLACE (City or town, State or foreign country) Levon

Contributory atheromatous changes
(SECONDARY) (Duration) 9 yrs. 0 mos. 0 ds.

NAME OF FATHER Given name not known Denton

(Signed) J. H. Holmes M. D.
Sept 11, 1911 (Address) Stella mo

BIRTHPLACE OF FATHER (City or town, State or foreign country) Virginia

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

MAIDEN NAME OF MOTHER Given name not known Spence

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

BIRTHPLACE OF MOTHER (City or town, State or foreign country) Virginia

At place of death ___ yrs. ___ mos. ___ ds. In the State ___ yrs. ___ mos. ___ ds.
Where was disease contracted if not at place of death?

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) A. H. George
Cartmell
(ADDRESS)

Former or usual residence _____

Filed Sept 10, 1911, T. G. Kenney
REGISTRAR

PLACE OF BURIAL OR REMOVAL Indian Springs DATE OF BURIAL Sept 7, 1911
UNDERTAKER Ed. Pogue ADDRESS Stella mo

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.

