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

32921

1. PLACE OF DEATH
County Henry — Registration District No. 330 — File No. ......
Township ...... Primary Registration District No. 3018 — Registered No. 88
City Clinton (No. Mo ...... St. ...... Ward)

2. FULL NAME R. Buldock

(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: Male
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: Mary Baldock

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Dec 9 1843

7. AGE: Years 75, Months 11, Days 15. If LESS than 1 day, ... hrs. or ... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: —
(b) General nature of industry, business, or establishment in which employed (or employer): Hominy-Hominy-
(c) Name of employer: Man

9. BIRTHPLACE (CITY OR TOWN) ...... (STATE OR COUNTRY) Ky

PARENTS
10. NAME OF FATHER: Richard Buldock
11. BIRTHPLACE OF FATHER (CITY OR TOWN) ...... (STATE OR COUNTRY) Dont Know
12. MAIDEN NAME OF MOTHER: Miss E Richard
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ...... (STATE OR COUNTRY) Ky

14. INFORMANT: Albert Buldock
(Address) Clinton Mo

15. FILED 11/24 1914 — V — REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Nov 25 1919

17. I HEREBY CERTIFY, That I attended deceased from Nov 20, 1919, to Nov 26 1919, that I last saw h... alive on Nov 24, 1919, and that death occurred, on the date stated above, at 6 ...m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cancer Liver
46E
10
(duration) ... yrs. 6 mos. ... ds.

CONTRIBUTORY (SECONDARY) H can
(duration) ... yrs. ... mos. ... ds.

18. WHERE WAS DISEASE CONTRACTED —
IF NOT AT PLACE OF DEATH? —
No DID AN OPERATION PRECEDE DEATH? ...... DATE OF ......
WAS THERE AN AUTOPSY? —
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) D A Prague, M.D.
11/26 1919 (Address) Clinton Mo

*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. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Clinton Mo — DATE OF BURIAL: 11/27 1919

20. UNDERTAKER: Lewis Wilkerson — ADDRESS: Clinton

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

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Township.................................... Primary Registration District No.................................... Registered No. ....

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2. FULL NAME ....

(a) Residence. No.................................... St., ... Ward. .... (If nonresident give city or town and State)
(Usual place of abode)

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.

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9. BIRTHPLACE (CITY OR TOWN) ....
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (CITY OR TOWN)....................................
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)....................................
(STATE OR COUNTRY)

14. INFORMANT ....
(Address)

15. FILED...................., 19........ .... REGISTRAR

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....................................(duration)..........yrs. ....mos. ....ds.

CONTRIBUTORY....................................
(SECONDARY)

....................................(duration)..........yrs. ....mos. ....ds.

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, 19 (Address)

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