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

9235

F DEATH Lawrence
Township

Registration District No. 1351 File No. 2
Primary Registration District No. 57 Registered No. 2

(No. St. Ward)

ME Nettie Winsey Buckhanan

ence. No. St., Ward.
Usual place of abode) (If nonresident give city or town and State)
ce in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

SONAL AND STATISTICAL PARTICULARS

4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
W	Married

WIDOWED, OR DIVORCED
OF
OF J.B. Buckhanan

RTH (MONTH, DAY AND YEAR) Sept. 11 1853

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
9	6	19	

N OF DECEASED
profession, or
nd of work Housewife
nature of industry,
establishment in
yed (or employer)
f employer

E (CITY OR TOWN) Callaway County
COUNTRY) Mo.

OF FATHER ~~S. D. Buckhanan~~

PLACE OF FATHER (CITY OR TOWN)
E OR COUNTRY) Virginia

N NAME OF MOTHER Dont Know

PLACE OF MOTHER (CITY OR TOWN)
E OR COUNTRY) Virginia

Mr. J. T. Buckhanan
Wentworth Mo

il 1, 1923 Milton C. Needham
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 30 1923

17.
I HEREBY CERTIFY, That I attended deceased from March 1, 1923, to March 30 1923
that I last saw he alive on March 30, 1923, and that
death occurred, on the date stated above, at 4 O'clock P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Nephritis

(duration) yrs. 6 mos. ds.

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

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY? Laboratory
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) Henry Simmons, M. D
3/31, 1923 (Address) Doracopie, 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	DATE OF BURIAL
Fairview Cemetery	April 1 1923
20. UNDERTAKER	**ADDRESS**
Hiram Bradford	Purcell Mo

LOCAL REGISTRAR'S RECORD—DO NOT TEAR LEAVE OUT

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

1. PLACE OF DEATH

County..... Registration District No..... File No.....

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

City..... (No.....; .....St. .....

2. FULL NAME .....

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

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

7. AGE	YEARS	MONTHS	DAYS	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).....

(c) Name of employer

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

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR)

17.
I HEREBY CERTIFY, That I attended deceased f
.....,19....., to .....
that I last saw h..... alive on.....,
death occurred, on the date stated above, at.....

THE CAUSE OF DEATH* WAS AS FOLLOWS:

.....

.....

.....

.....(duration).....yrs. .....

CONTRIBUTORY.....
(SECONDARY)

.....(duration).....yrs. .....

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH?.....

DID AN OPERATION PRECEDE DEATH?..... DATE OF.....

WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS?.....

(Signed).....

, 19 (Address)

*State the DISEASE CAUSING DEATH, or in deaths from VIOLE
(1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENT
HOMICIDAL. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE
20. UNDERTAKER	ADDR