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.

Do not use this space.

Lid 15813

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

1. PLACE OF DEATH
County Phelps — Registration District No. 677 — File No.
Township Rolla — Primary Registration District No. 4403 — Registered No. 42
City (No. , St. Ward)

2. FULL NAME M. B. Buckey
(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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 21, 1875

7. AGE — YEARS 50 — MONTHS — DAYS 2 — If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Traveling Salesman
(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) Ohio.

PARENTS
10. NAME OF FATHER Samuel Buckey
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Ohio
12. MAIDEN NAME OF MOTHER Eliza Handy
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Ohio.

14. INFORMANT E. Buckey (Address) Rolla, Mo

15. FILED May 24 1925 Jos. F. Ayers REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 23 1925

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

THE CAUSE OF DEATH* WAS AS FOLLOWS:
183
Accidental Drowning
Inquest May 24 - 1925
Coroner (duration) yrs. mos. ds.

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

18. WHERE WAS DISEASE CONTRACTED
8 IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) A M Light - Justice of Peace
May 24, 1925 (Address) Rolla Mo
acting Coroner

*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 Rolla Cemetery — DATE OF BURIAL May 26 1925

20. UNDERTAKER H. R. McCann — ADDRESS Rolla, Mo

Revised United States Standard Certificate of Death

(Approved by U. S. Census and American Public Health Association.)

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Architect, Locomotive Engineer, Civil Engineer, Stationary Fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill*, (*a*) *Salesman*, (*b*) *Grocery*, (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework* or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired*, 6 *yrs.*) For persons who have no occupation whatever, write *None*.

Statement of Cause of Death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of————(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasm); *Measles, Whooping cough, Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 *ds.; Bronchopneumonia* (secondary), 10 *ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*), may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

NOTE.—Individual offices may add to above list of undesirable terms and refuse to accept certificates containing them. Thus the form in use in New York City states: "Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus." But general adoption of the minimum list suggested will work vast improvement, and its scope can be extended at a later date.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN.

Items #6, 7, 9, 10, 11 & 12 corr. by aff. from daughter - 9-24-79

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

Do not use this space.

15813

1. PLACE OF DEATH
County: Phelps
Township: Rolla
City: (No. ..... St. ..... Ward)

Registration District No. 677
Primary Registration District No. 4403

File No.
Registered No. 42

2. FULL NAME: M. B. Buckey
(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. ..... da. How long in U.S., if of foreign birth? ..... yrs. ..... mos. ..... da.

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): May ~~21~~ 20, 1875

7. AGE: Years 50; Months; Days 3 ~~7~~; If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Traveling Salesman
(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): Ohio. Noble County,

PARENTS

10. NAME OF FATHER: ~~Samuel H.~~ William H. Buckey
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): ~~Ohio~~ Virginia
12. MAIDEN NAME OF MOTHER: Eliza ~~Handy~~ Jane Beatty
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Ohio.

14. INFORMANT: E. Buckey
Address: Rolla, Mo

15. FILED: May 24, 1925 Wm. F. Ayers, Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): May 23 1925

17. I HEREBY CERTIFY, That I attended deceased from ....., 15....., to ....., 15....., that I last saw h..... alive on ....., 15....., and that death occurred, on the date stated above, at ..... m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

183
Accidental Drowning
Inquest May 24 - 1925
Coroner (Signature) ..... yrs. ..... mos. ..... da.

CONTRIBUTORY (SECONDARY) ..... yrs. ..... mos. ..... da.

182

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) A. M. Light - Justice of Peace
May 24, 1925 (Address) Rolla 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: Rolla Cemetery
DATE OF BURIAL: May 26 1925

20. UNDERTAKER: H. R. McCann
ADDRESS: Rolla Mo

M. B. BUCKEY DROWNED.

During the heavy rain storm last Saturday night Mr. M. B. Buckey and his son, M. H. Buckey and wife, were driving in a Chevrolet automobile to their home west of Rolla. In going down Beaver Creek they have to cross the creek three times. At the third crossing there is a great deal of sand and gravel, and the stream was rising rapidly. When they got nearly across the stream they ran into loose gravel, and before they could get out the water got up so high as to kill the engine and also got into the car. M. H. Buckey got out into the rapidly rising and torrent-like water and took his wife to shore. He came back and succeeded in getting his father out of the car, but his father was chilled and unable to help himself. The son started with his father on his back through the water, but the loose rock and gravel caused him to fall, going under the water, and he lost his father, who was swept down the stream, and it was all the son could do to extricate himself from the torrent. The car was also swept on down the stream. The body of Mr. Buckey was found lodged on the bank the next morning about two miles below the crossing, close to where Beaver empties into Little Piney River. The remains were brought to Rolla Sunday morning, where A. M. Light conducted an inquest.

Martin Benjamin Buckey was born inNoble County, Ohio, May 20th, 1875, making him at the time of his death 50 years and 3 days old. He wsa the traveling representative of the Stowe Hardware Supply Co., of Kansas City, Mo. He was held in high regard by a large circle of friends. His unfortunate death is mourned by many.

He is survived by his wife, one son, M. H. Buckey, of Rolla, and one daughter, Mrs. Mary Elizabeth Smith of Chickasha, Okla. All of them were present at his funeral. He is also survived by one sister, Mrs. Lilliam Musser, of Ohio.

Funeral services were conducted Tuesday from the McCaw undertaking parlor, by Rev. H. P. Hunter, of the Methodist Church, and interment took place at Rolla cemetery. A large number of friends and neighbors were present to evidence their sympathy for the bereaved family.

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