JUN 24 1927

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

Do not use this space.

14283

File No.

Registered No. 577

1. PLACE OF DEATH

County: Buchanan

Registration District No. 85

Township:

Primary Registration District No. 1001

City: St. Joseph (No. ..... St. ..... Ward)

2. FULL NAME: Rufus Dexter Buck

(a) Residence. No. 918 So. So 15th St. St., ... Ward. .....
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 51 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Iona Elizabeth Buck

6. DATE OF BIRTH (MONTH, DAY AND YEAR): June 29-1851

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	75	11	2	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Paperhanger and

(b) General nature of industry, business, or establishment in which employed (or employer): Decorator

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN): Rush County

(STATE OR COUNTRY): Indiana

PARENTS

10. NAME OF FATHER: William J. Buck

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

12. MAIDEN NAME OF MOTHER: Lavina Reeves

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

14. INFORMANT: Mrs. R.D. Buck

(Address): 918 So. 15th Street

15. FILED: JUN 2 1927, 19 John G. Pitt, M.D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): May 31 st 1927

17. I HEREBY CERTIFY, That I attended deceased from May 27, 1927, to May 31, 1927 that I last saw h... alive on May 31, 1927, and that death occurred, on the date stated above, at 4:23 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Angina Pectoris

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (SECONDARY): Chronic Myocarditis

(duration) 2 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) H. S. Gaussed, M. D.

, 19 (Address) St Joseph 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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Mt. Mora Cemetery

DATE OF BURIAL: June 2 1927

20. UNDERTAKER: H. Muirhoffer

ADDRESS: 1302 Faraon St

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.