JUN 25 1927

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

Do not use this space.

Ca Callaway 14595

1. PLACE OF DEATH
County Cole
Township
City Jefferson (No. ..... St. ..... Ward)
Registration District No. 213-
Primary Registration District No. 3014-
File No.
Registered No. 134-

2. FULL NAME Elizabeth Buchanan
(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 female
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) widowed
5A. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF (OR) WIFE OF Perry Buchanan
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar-11-1844
7. AGE Years 83 Months 2 Days 9 If LESS than 1 day, ... hrs. or ..... min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housework
(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) Callaway Co Mo

PARENTS
10. NAME OF FATHER unknown,
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) unknown
12. MAIDEN NAME OF MOTHER unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) unknown,

14. INFORMANT J. R. Holman
(Address) Jefferson City Mo
15. FILED 5/21-1927 S. V. Bedford REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 20 1927
17. I HEREBY CERTIFY, That I attended deceased from May 1, 1927, to May 20, 1927 that I last saw her alive on May 20, 1927, and that death occurred, on the date stated above, at 2 am.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
Labor Pneumonia
10 R
8 R (duration) yrs. mos. 4 ds.
CONTRIBUTORY (SECONDARY) apoplexy
(duration) yrs. 1 mos. ds.
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) M R Aldred, M. D
May 20, 1927 (Address) J C.

*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 Huntsville Mo
DATE OF BURIAL 5/21 1927
20. UNDERTAKER Walther-Wymore Co
ADDRESS JC 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.