FEB 20 1928

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

Do not use this space.

File No. 36424 -

Registered No.

1. PLACE OF DEATH

County: Douglas

Township: Fairdale

City: (No. St. Ward)

Registration District No. 272

Primary Registration District No. 5380

2. FULL NAME Amanda Caroline 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	White	married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 23 - 1880

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	47	1	19	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Home wife

(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) Mo

PARENTS

10. NAME OF FATHER Samuel Shipps

11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Do not know

12. MAIDEN NAME OF MOTHER Do not know

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

14. INFORMANT Glenn Miller
(Address) Topeka, Kan

15. FILED Feb 13, 1928 E B Norman
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 12 - 1927

17. I HEREBY CERTIFY, That I attended deceased from Dec 1, 1927, to Dec 12, 1927, that I last saw her alive on Dec 1, 1927, and that death occurred, on the date stated above, at 12:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cancer of cervix
4 4
1 4 Heart 1 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 4-6 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH?

0 DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Physical Ex.

(Signed) Robt M. Norman, M. D

, 19 (Address) Ava 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: Ava Mo — DATE OF BURIAL: Dec 13 1927

20. UNDERTAKER: M.R. Chastain Wood — ADDRESS: Ava Mo

NOTE: 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.