

SEP 24 1929

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

Do not use this space. 
8218 C
9948-7
File No.
Registered No.
St. Ward)

1. PLACE OF DEATH

County Christian Registration District No. 186 ✓
Township Lead Hill Primary Registration District No. 3.261 B
City..... (No. St. Ward)

2. FULL NAME Andrew Buckley

(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) Widowed
5A. If MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF Widowed
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 6th 1839
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
88 5 10

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer).....
(c) Name of employer.....

9. BIRTHPLACE (CITY OR TOWN) Wagon County
(STATE OR COUNTRY) Ohio

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 Frank Buckley
(Address) Oldfield, Mo.

15. FILED..... 19..... REGISTRAR

2 **MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 16th 1928
17. I HEREBY CERTIFY That I attended deceased from March 10th, 1928, to March 16, 1929 that I last saw him alive on March 15, 1929, and that death occurred, on the date stated above, at..... m.

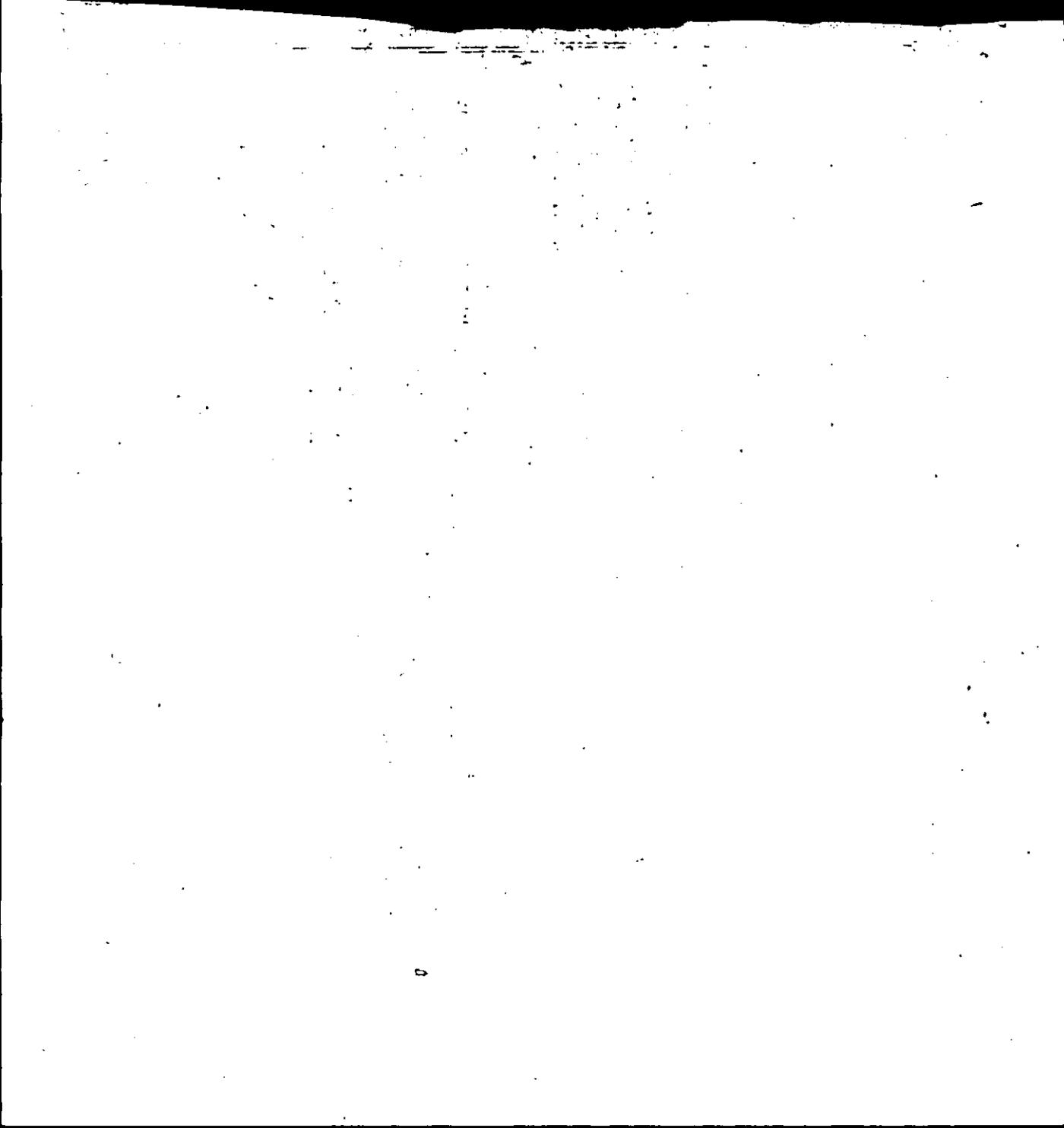
THE CAUSE OF DEATH* WAS AS FOLLOWS:
Bronchopneumonia
11A
107A
(duration) yrs. mos. da. 6
CONTRIBUTORY Influenza
(SECONDARY) (duration) yrs. mos. da. 4

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH.....
DID AN OPERATION PRECEDE DEATH..... DATE OF.....
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Phys examination
(Signed) H. J. Wise, M. D.
8/20, 1919 (Address) Sparta, 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 Old Boston Cemetery DATE OF BURIAL 3-17th 1928

20. UNDERTAKER Chaffin & Railburn ADDRESS Sparta Mo



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

March 28 or 29
ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH
 County Christian Registration District No. 186 File No.
 Township Lead Hill Primary Registration District No. 3261 Registered No.
 City (No.) St. Ward

2. FULL NAME Andrew Beckley
 (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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) wid

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 6 - 1839

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
88 ; 9 - 10

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work. Farmer
 (b) General nature of industry, business, or establishment in which employed (or employer)

9. BIRTHPLACE (CITY OR TOWN) Monroe Co
 (STATE OR COUNTRY) Mo

10. NAME OF FATHER

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

12. MAIDEN NAME OF MOTHER unknown

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

14. INFORMANT Frank Beckley
 (Address) Old field, Mo.

15. FILED 29 1919 J. S. Stevens
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar 16 1928

17. I HEREBY CERTIFY That I attended deceased from Mar 10 1928 to Mar 16 1928, that I last saw him alive on Mar 12, 1928 and that death occurred, on the date stated above, at 1 a - 1 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Broncho pneumonia
 (duration) yrs. mos. 6 ds.
 CONTRIBUTORY (SECONDARY) Influenza
 (duration) yrs. mos. 4 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 Phy examination
 (Signed) J. J. Wise M. D.
20 . 19 (Address) Sparta, 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 Old Boston Cemetery DATE OF BURIAL 13-17 1928

20. UNDERTAKER Chapman & Rathbun ADDRESS 3-17-28
Sparta, Mo

COMPLETE AS PRESCRIBED BY LAW

SUPPLEMENTARY

S-8218C