

MAY 31 1928

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

Do not use this space.

12908  
Re Buckley  
File No. \_\_\_\_\_  
Registered No. 268  
St. \_\_\_\_\_ Ward \_\_\_\_\_

1. PLACE OF DEATH

County Franklin Registration District No. 318  
Township Springfield Primary Registration District No. 27001

2. FULL NAME

(a) Residence No. 707 W. Market 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 MEDICAL CERTIFICATE OF DEATH

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

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 4 1928

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or WIFE OF) Unknown Doehler

17. I HEREBY CERTIFY, That I attended deceased from Jan 20, 1928, to April 4, 1928, that I last saw h... alive on March 30, 1928, and that death occurred, on the date stated above, at 12.05 a.m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 15 1847

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 81 2 19

The Grippe 11 B  
11 B (duration) yrs. mos. ds.  
CONTRIBUTORY Chrom. pneumonia and  
(SECONDARY) only (duration) yrs. mos. ds.

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

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.

19. DID AN OPERATION PRECEDE DEATH? No DATE OF \_\_\_\_\_

10. NAME OF FATHER Unknown

20. WAS THERE AN AUTOPSY? No

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

WHAT TEST CONFIRMED DIAGNOSIS General symptoms  
(Signed) W. E. Pender, M. D.  
4/5, 1928 (Address) Springfield, Mo. Central Ave. 710

12. MAIDEN NAME OF MOTHER Unknown Doehler

\*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.

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

14. INFORMANT (Address) W. E. Pender

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Maple Hill DATE OF BURIAL 4/11 1928

15. FILED Apr 28 1928 REGISTRAR

20. UNDERTAKER W. E. Pender ADDRESS Springfield

PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

