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

Do not use this space.

13232

File No. 1562

Registered No.

1. PLACE OF DEATH

County Jackson — Registration District No. 399

Township Kaw — Primary Registration District No. 1002

City Kansas City, Mo. (No. 53rd & Highland Ave. St. Ward)

2. FULL NAME Timothy Buckley

(a) Residence. No. 53rd & Highland St., 75 Ward.

(Usual place of abode) Home of the aged (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): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Sarah Davidson

6. DATE OF BIRTH (MONTH, DAY AND YEAR): June 30th 1863

7. AGE: 64 YEARS — MONTHS: 9 DAYS: 6 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED

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

(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): Penn Co. Mo.

PARENTS

10. NAME OF FATHER: John Buckley

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

12. MAIDEN NAME OF MOTHER: Elizabeth Higgins

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

14. INFORMANT: Sr. Marie Auguste Pup. Little Sister of the Poor

(Address) 53rd & Highland Ave.

15. FILED 4-6, 1928 M. M. Crowe Asst. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 4-5-1928

17. I HEREBY CERTIFY, That I attended deceased from 3-1, 1928, to 4-5, 1928, that I last saw h..... alive on 4-1, 1928 and that death occurred, on the date stated above, at 11:30 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Apoplexy — chronic myocarditis

93C

82A

(duration) yrs. 1 mos. ds.

CONTRIBUTORY (SECONDARY) 90B

(duration) yrs. mos. ds.

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? P.E.

(Signed) A. Sach-Rowitz, M.D.

4/6, 1928 (Address) 1034 Argyle Bldg

*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: Sedalia Mo — DATE OF ~~BURIAL~~ Ship: 4/6/28 19

20. UNDERTAKER: W. F. Mayberry & Co — ADDRESS: City

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.