

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

Do not use this space.

14128

1. PLACE OF DEATH

County Monroe
Township Monroe
City Monroe

Registration District No. 581
Primary Registration District No. 5778

File No. _____
Registered No. 14
St. _____ Ward _____

2. FULL NAME William Robert Buckman

(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)

Married

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

Nell D. Buckman

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

June 23rd 1875

7. AGE

YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
<u>52</u>	<u>9</u>	<u>23</u>	

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)

Monroe Township

(STATE OR COUNTRY) Monroe Co. Missouri

10. NAME OF FATHER

John R. Buckman

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

Kentucky

(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

Annie Robinson

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

Scott Co.

(STATE OR COUNTRY)

Ireland

14.

INFORMANT Collins J. Buckman
(Address) Monroe City Mo. R.F.D.

15.

FILED 4/17 1928 C.W. Wilson
Deputy REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

April - 15th 1928

17. I HEREBY CERTIFY, That I attended deceased from April 2, 1927, to April 15, 1928 that I last saw him alive on April 7, 1928, and that death occurred, on the date stated above, at 7:15 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral (month)
4543
(duration) 1 yrs. mos. da.
CONTRIBUTORY (SECONDARY) _____
(duration) _____ yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH: _____

19. DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

20. WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS? _____

(Signed) R.H. Packard, M.D.

4/17, 1928 (Address) Hummel 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

Holy Rosary Cemetery

DATE OF BURIAL

4/17 1928

20. UNDERTAKER

Wilson & Son Monroe City 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.

N 1

1928

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