

1928

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

Do not use this space.

22916

1. PLACE OF DEATH

County Barry
Township Monett
City Monett (No. _____)

Registration District No. 20
Primary Registration District No. 3003

File No. _____
Registered No. 53
St. _____ Ward _____

2. FULL NAME

Virginia Mae 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

F

4. COLOR OR RACE

W

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Single

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

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

Nov 27 1916

7. AGE

YEARS MONTHS DAYS
11 7 6
If LESS than 1 day, _____ hrs. or _____ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Student
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

Monett

(STATE OR COUNTRY)

Missouri's

10. NAME OF FATHER

J. D. Buchanan

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

Lockwood

(STATE OR COUNTRY)

Mo

12. MAIDEN NAME OF MOTHER

Golda E. King

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

J. Dade Co. Mo

(STATE OR COUNTRY)

14. INFORMANT

(Address)

J. D. Buchanan
Monett Mo

15. FILED

7-3-28

W. M. West
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

July 3 1928

17. I HEREBY CERTIFY, That I attended deceased from _____
Mar 12 1928, to July 3 1928

that I last saw him/her alive on July 3 1928, and that death occurred, on the date stated above, at 2 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pellagra

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH at place of death

19. DID AN OPERATION PRECEDE DEATH? DATE OF _____

no

20. WAS THERE AN AUTOPSY? _____

no

WHAT TEST CONFIRMED DIAGNOSIS? Physiologic Signs

(Signed) Ernest Mitchell, M.D.
, 19 (Address) Monett 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

Loof Cemetery

DATE OF BURIAL

7/5 1928

20. UNDERTAKER

Callaways

ADDRESS

Monett

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.

