

NOV 22 1928

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

Do not use this space.

35467

1. PLACE OF DEATH

County Jackson
Township Boyer
City Boyer (No. 12034 East 23 St)

Registration District No. 398
Primary Registration District No. 5054 S

File No.
Registered No. 368
St. Ward

2. FULL NAME

Adrianus J. Buford

(a) Residence, No. 12034 East 23 St St. Ward.
(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 20 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, WIDOWER, OR DIVORCED HUSBAND OF (OR) WIFE OF Sally T. Buford

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 7/16, 1858

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
69 | 11 | 9

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) Waverly
(STATE OR COUNTRY) Missouri

10. NAME OF FATHER Manville T. Buford

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

12. MAIDEN NAME OF MOTHER Elizabeth (?)

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

14. INFORMANT Manville T. Buford
(Address) 12034 East 23 St

15. FILED 10/30, 1928 F. L. CROOK REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 25 1928

17. I HEREBY CERTIFY, That I attended deceased from 19..... to 19.....
that I last saw h..... alive on 19....., and that death occurred, on the date stated above, at..... m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Myocarditis
131
98c

CONTRIBUTORY (SECONDARY) Chronic Arterial nephritis
(duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED 129 W
IF NOT AT PLACE OF DEATH

(Did an operation precede death) No DATE OF

WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS St. Louis
(Signed) St. Louis, M. D.

(Address) 10/25, 1928 Deputy Coroner

*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 Forest Hill DATE OF BURIAL 10-27-1928

20. UNDERTAKER J. P. Lewis ADDRESS 1214 1/2 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.

T. L. Cook

Clinton Pledge.