

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

Do not use this space.

356

1. PLACE OF DEATH

County Buchanan

Registration District No. 85

File No. 117

Township St Joseph

Primary Registration District No. 1001

Registered No. 117

City St Joseph (No. 707 1/2 South 7th St.)

(No. 707 1/2 South 7th St.)

707 1/2 South 7th St.

Ward)

2. FULL NAME

(a) Residence. No. 707 1/2 So 7th St., Ward.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. 0 mos. 0 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) W.

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 12 1863

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 65 5 15

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Night Watchman

(b) General nature of industry, business, or establishment in which employed (or employer).

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Bridgport
(STATE OR COUNTRY) Penn.

10. NAME OF FATHER James Buchanan

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

12. MAIDEN NAME OF MOTHER Unkowsky

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

14. INFORMANT Maudie Piagg
(Address) 707 1/2 So 7th

15. FILED Jan 29 1929 19. John M. Galt
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 27 1929

17. I HEREBY CERTIFY That I attended deceased from Jan, 1928 to Dec 21, 1928 that I last saw him alive on Dec 21 1928, and that death occurred, on the date stated above, at 3:30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Arteriosclerosis with
hypertension

(duration) 2 yrs. 11 mos. 1 ds.

CONTRIBUTORY Hemiplegia - Rt -
(SECONDARY) (duration) 1 yrs. 11 mos. 1 ds.

18. WHERE WAS DISEASE CONTRACTED 1750 W
IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Physical exam

(Signed) H. G. Thompson M. D.

1/29, 1929 (Address) 225 Charles St

*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 Mt. Mora DATE OF BURIAL Jan 29 1929

20. UNDERTAKER Heeman Funeral Home ADDRESS 1208 Francis

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. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

JAN 29 1929

