

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.

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

Do not use this space.

1737

1. PLACE OF DEATHCounty JacksonRegistration District No. 399Township WearPrimary Registration District No. 1002City Kansas City(No. Kansas City Genl Hosp)File No. 329Registered No. 329St. Mo.Ward 1**2. FULL NAME**Buchanan, William(a) Residence. No. Portland Hotel St. Mo. Ward. 1

(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)**Widower**5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF****6. DATE OF BIRTH (MONTH, DAY AND YEAR)**May 31 - 1844**7. AGE**

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

84720**8. OCCUPATION OF DECEASED**

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

Mechanic

(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)

Switzerland**10. NAME OF FATHER**Unknown**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

(STATE OR COUNTRY)

Scotland**12. MAIDEN NAME OF MOTHER**Unknown**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

(STATE OR COUNTRY)

Scotland**14.**

INFORMANT

(Address)

Beard Clerk
Kansas City Genl Hosp.**15.**

FILED

2329 M. M. Goss
Registrar**3 MEDICAL CERTIFICATE OF DEATH****16. DATE OF DEATH (MONTH, DAY AND YEAR)**1-211929**17.**

I HEREBY CERTIFY, That I attended deceased from

12-21, 1928, to1-21, 1929that I last saw him alive on 1-21, 1929, and that death occurred, on the date stated above, at 5:10 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Arterio-sclerosis & Semblis22100100100100100100100100100100100100**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH

19. DID AN OPERATION PRECEDE DEATH?

DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed)

C. E. Williams

M. D.

1-21, 1929 (Address) Sup't K.C. Genl Hosp

*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**DATE OF BURIAL**Maple Hill1/24/1929**20. UNDERTAKER****ADDRESS**Thurman Nathan, K. 6 mo

