69

JUL 26 1929

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

Do not use this space.

22102

1. PLACE OF DEATH
County Monroe — Registration District No. 582 — File No.
Township — Primary Registration District No. 4344 — Registered No.
City Paris (No. St. Ward)

2. FULL NAME William F. Buckner
(a) Residence. No. St., Ward. (If nonresident give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 95 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

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, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Eliza Buckner

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Jan. 27, 1828

7. AGE: Years 101 — Months 4 — Days 19 — If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Retired Banker
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer: Paris National Bank

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Va.

PARENTS
10. NAME OF FATHER: Chas. Buckner
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Va.
12. MAIDEN NAME OF MOTHER: Susan Thornton
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Va.

14. INFORMANT: Emma Buckner
(Address): Paris Mo

15. FILED 6/17, 1929 H C Payne REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR): June 16, 1929

17. I HEREBY CERTIFY That I attended deceased from June 14, 1929 to June 16, 1929 that I last saw him alive on June 15, 1929 and that death occurred, on the date stated above, at 6:15 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute Bronchitis
106A
97
132B
(duration) yrs. mos. 2 ds.

CONTRIBUTORY (SECONDARY): Arteriosclerosis & Cloves urinae (duration) 10 yrs. — mos. — ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Clinical Signs
(Signed) H. C. Payne, M. D
6/17, 1929 (Address) Paris, 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: Walnut Grove — DATE OF BURIAL: June 18 1929.

20. UNDERTAKER: Speed & Blakey, — ADDRESS: Paris, 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.

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