

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

Do not use this space.

25132

1. PLACE OF DEATH

County Lewis
Township Clinton
City Clinton (No.) St. Ward

Registration District No. 477
Primary Registration District No. 51641

File No.
Registered No. 38

2. FULL NAME

Philip Sherman Buckley

(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. 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)

Divorced

54 If MARRIED, WIDOWED OR DIVORCED HUSBAND or (or) WIFE of

Genevieve Paul

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

Sept. 12 1961

7. AGE

| YEARS | MONTHS | DAYS | IF LESS than 1 day, hrs. or min. |
|-------|--------|------|----------------------------------|
| 68 | 10 | 12 | |

8. OCCUPATION OF DECEASED

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

(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) Pennsylvania

10. NAME OF FATHER

Andrew Buckley

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Pennsylvania

12. MAIDEN NAME OF MOTHER

Magaret P. Paul

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) Pennsylvania

14.

INFORMANT Alfred G. Buckley
(Address) Clinton Mo.

15.

FILED 7-26-29 H. W. Harris
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

July 24 1929

17.

I HEREBY CERTIFY, That I attended deceased from April 10, 1928, to July 23, 1929 that I last saw him alive on July 23, 1929 and that death occurred, on the date stated above, at 12:30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

apoplexy cerebral
82A

CONTRIBUTORY (SECONDARY)

MI

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH:

DID AN OPERATION PRECEDE DEATH?

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS? general exam

(Signed) A. G. Lillard

, 19 (Address) Clinton Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURES OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Cliff Springs Cemetery July 26 1929
ADDRESS Cliff Springs
Alfred G. Buckley Clinton

20. UNDERTAKER

ADDRESS

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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