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

Do not use this space.

33213-1

File No. .....

Registered No. 22

1. PLACE OF DEATH

County Carroll 33213-1 Registration District No. 129

Township ..... Primary Registration District No. 4079

City Tina (No. ..... St. ..... Ward)

2. FULL NAME Anna Mary Buck

(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 F

4. COLOR OR RACE White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar. 19 - 1898

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
31	6	23	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work High School teacher

(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) Near Cameron, Mo

PARENTS

10. NAME OF FATHER Hieron L Buck

11. BIRTHPLACE OF FATHER (CITY OR TOWN) X Mirabile
(STATE OR COUNTRY) Caldwell Co. Mo

12. MAIDEN NAME OF MOTHER X Lida Entrikin

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) X Mirabile
(STATE OR COUNTRY) Caldwell Co. Mo

14. INFORMANT X Mrs Lida Buck
(Address) Cameron Mo.

15. FILED Dec 15 1929 O.R. Edmonds
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 12 1929

17. I HEREBY CERTIFY, That I attended deceased from Oct 5, 1929, to Oct 12, 1929 that I last saw her alive on Oct 12, 1929, and that death occurred, on the date stated above, at 8 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Influenza followed by Streptococcus Infection

118

36 (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) .....

..... (duration) ..... yrs. ..... mos. ..... ds.

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

DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) O.R. Edmonds, M.D

10/15, 1929 (Address) Tina, 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 X Graceland Cemetery Cameron Mo.

DATE OF BURIAL Oct 13 1929

20. UNDERTAKER W. G. Forabee Lyle Allen

ADDRESS Tina Mo. Cameron Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

This Certificate was misplaced at the under to Lewis - and forgotten for a while.