

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

Do not use this space.

34413

**1. PLACE OF DEATH**

County Marion Registration District No. 547 File No. 258-256  
 Township Marion Primary Registration District No. 3129 Registered No. 258  
 City Hannibal (No. St. Elizabeth Hospital) St. 609 Ward)

**2. FULL NAME**

Elizabeth Ann Buchanan  
 (a) Residence. No. 1310 Walnut St. 4th Ward. (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred 79 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 Robert H. Buchanan

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 6 1839

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
90 4 18

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work at home  
 (b) General nature of industry, business, or establishment in which employed (or employer) " "  
 (c) Name of employer " "

9. BIRTHPLACE (CITY OR TOWN) Marion County  
 (STATE OR COUNTRY) MO.

10. NAME OF FATHER Arion Widdell

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

12. MAIDEN NAME OF MOTHER Dont know

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Dont know

14. INFORMANT Fred Buchanan  
 (Address) Hannibal Mo.

15. FILED 10/25 19 29 E. Cousins REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 24 1929

17. I HEREBY CERTIFY, That I attended deceased from June 1929 to Oct 23 1929  
 that I last saw h. w. alive on Oct 23 1929, and that death occurred, on the date stated above, at 11:15 p.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Senile debility  
162

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

CONTRIBUTORY (SECONDARY) Senility

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

18. WHERE WAS DISEASE CONTRACTED  
 NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? no DATE OF Oct 25 29

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS microscopical  
 (Signed) P. E. Shaw M. D.

, 19 (Address) Hannibal 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 DATE OF BURIAL  
Mt. Olivet Cemetery Oct 26 1929

20. UNDERTAKER ADDRESS  
Ray P. Schwartz Hannibal, 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. WRITE IN PLAIN, WITH OMISSION OF THE WORDS "DECEASED".

100-100000-100000

100-100000-100000

100

100-100000-100000

100-100000-100000

100-100000-100000

100-100000-100000

100-100000-100000

100-100000-100000

100-100000-100000

100-100000-100000

100-100000-100000

100-100000-100000

100-100000-100000

100-100000-100000

100-100000-100000

100-100000-100000

100-100000-100000

100-100000-100000

100-100000-100000

100-100000-100000

100-100000-100000

100-100000-100000

100-100000-100000

100-100000-100000

100-100000-100000

100-100000-100000

100-100000-100000

100-100000-100000

100-100000-100000

100-100000-100000

100-100000-100000

100-100000-100000

100-100000-100000

100

100