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

Do not use this space.

37398
4808

399

1. PLACE OF DEATH
County Jackson
Township
City Kansas City (No. 2704 Cleveland St. Ward)

Registration District No. 1002
Primary Registration District No.
File No.
Registered No.

2. FULL NAME James D. Buckner
(a) Residence. No. 2704 Cleveland St., 11 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
W	Wh	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 19, 1881

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	48	5	9	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Ford Motor
(b) General nature of industry, business, or establishment in which employed (or employer) Co
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY) Missouri

PARENTS
10. NAME OF FATHER Thomas Buckner
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Missouri
12. MAIDEN NAME OF MOTHER No Record
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) No Record

14. INFORMANT John E. Buckner
(Address) 6214 Paseo.

15. FILED 11/27, 1929 M. M. Crowe asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 27 1929

17. I HEREBY CERTIFY, That I attended deceased from 11/26-29, 19..., to ..., 19...
that I last saw h~~e~~ alive on 11/26 & 8:30 A, 1929 and that death occurred, on the date stated above, at ...m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Mitral insufficiency
(duration) about 2 yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Arteriosclerosis
(duration) about yrs. 18 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) Chas A. S. Sims, M. D.
11/27, 1929 (Address) 2707 Cleveland Ave.

*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
Forest Hill	Nov 29, 1929
20. UNDERTAKER	ADDRESS
Mrs R. L. Forster	918 Brooke

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 PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD