

MAR 28 1930

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

Do not use this space.

2009

1. PLACE OF DEATH

County Morgan
Township Morgan
City (No. _____) _____

Registration District No. 5-97
Primary Registration District No. 5792

File No. 1
Registered No. 597
St. _____ Ward _____

2. FULL NAME

John A. Buzan

(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

1 MEDICAL CERTIFICATE OF DEATH

3. SEX

Male

4. COLOR OR RACE

White

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

Married

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

Annie Brown Buzan

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

May 22 - 1857

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

72

8

8

8. OCCUPATION OF DECEASED

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

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

Morgan Co. Mo.

(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER

Allen Buzan

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

Kentucky

(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

Dacey Keown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

North Carolina

(STATE OR COUNTRY)

14. INFORMANT

Lucy Bond

(Address)

Barnett Mo.

15. FILED

3/11 30

Dr. W. L. Hatcher

REGISTRAR

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 30. 1930

17. HEREBY CERTIFY, That I attended deceased from Jan 28, 1930, to Jan 30, 1930, that I last saw him alive on Jan 29, 1930, and that death occurred, on the date stated above, at 1 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Accidental Injury
1945

(duration) _____ yrs. _____ mos. 2 ds.

CONTRIBUTORY (SECONDARY)

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

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

8 DID AN OPERATION PRECEDE DEATH? DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) E. D. Walker, M. D.

, 19 (Address) Barnett 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

Hopewell Cem. Morgan Co. Mo

2-1 1930

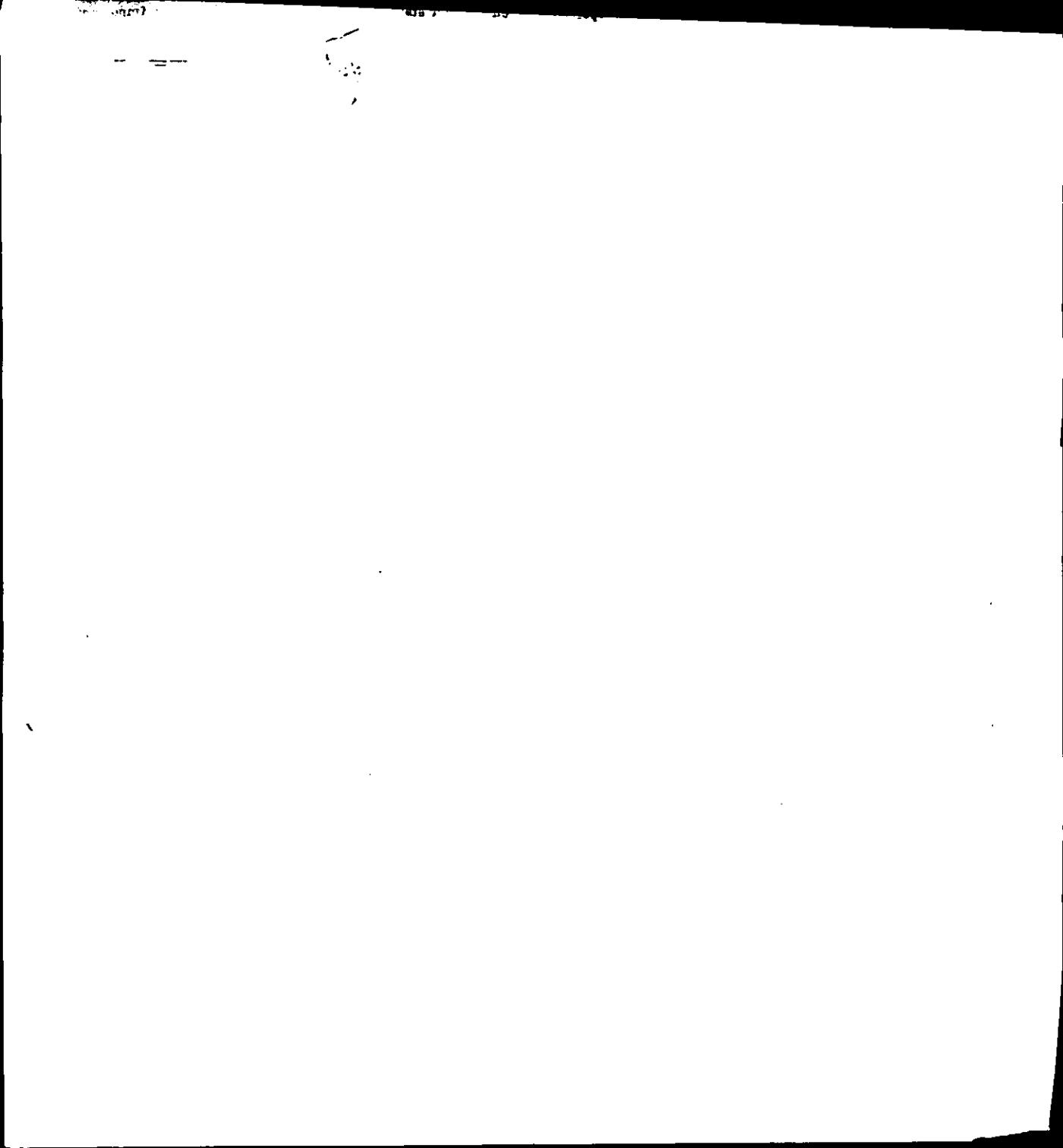
20. UNDERTAKER

N. A. Gows.

ADDRESS

Barnett, Mo

Statement of OCCUPATION is very important.



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

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH.

County Morgan Registration District No. 5972 File No. 597
 Township Morgan Primary Registration District No. 5792 Registered No. 597
 City No. St. Ward

2. FULL NAME

John A. Buzan St. Ward.

(a) Residence. No. (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

MEDICAL CERTIFICATE OF DEATH

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED M (write the word)

16. DATE OF DEATH (MONTH, DAY AND YEAR) 11 30 19 30

17. I HEREBY CERTIFY, That I attended deceased from 11 30, 1930, to 11 30, 1930, and that I last saw him alive on 11 30, 1930, and that death occurred, on the date stated above, at 11 30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Accidental injuries
resulting from bursting and
fracturing skull
 (duration) yrs. mos. ds.

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

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

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

CONTRIBUTORY (SECONDARY) 1877 (duration) yrs. mos. ds.

8. OCCUPATION OF DECEASED

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

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

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

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) 76, M. D.
 , 19 (Address)

10. NAME OF FATHER

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

12. MAIDEN NAME OF MOTHER

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

*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.

14. INFORMANT (Address)

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

15. FILED 3-10 30 Don J. Foster REGISTRAR

20. UNDERTAKER ADDRESS

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED

STATEMENT OF OCCUPATION is very important

6002-5