

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

Do not use this space.

12786
1715

1. PLACE OF DEATH

County.....**Jackson**..... Registration District No.....**396**
Township.....**Kaw**..... Primary Registration District No.....
City.....**Kansas City**..... (No. **311 W. 10th, Speth's Laundry**)..... St. Ward)

2. FULL NAME..... **Manville T. Buford**

(a) Residence. No. **10034 Easr 23, Independenas, Mo.**..... 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 Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Frestta Buford**

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **August 9, 1882**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
47 **8** **27**

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

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

10. NAME OF FATHER **Cadmus N. Buford**
11. BIRTHPLACE OF FATHER (CITY OR TOWN) **Waverly**
(STATE OR COUNTRY) **Missouri**
12. MAIDEN NAME OF MOTHER **Sallie Young**
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) **Lexington**
(STATE OR COUNTRY) **Missouri**

14. INFORMANT **Frestta Buford**
(Address) **10034 E. 23d, Independence, Mo**

15. FILED **8/19 1930** **M M Crowe**
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **4-16 1930**
17. I HEREBY CERTIFY that I attended deceased from **1930** to **1930**, that I last saw him alive on **4-16 1930**, and that death occurred, on the date stated above, at **9:58** m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Coronary Heart Disease
9:58

CONTRIBUTORY (SECONDARY) **Chronic Coronary Heart Disease**
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH.....
0 DID AN OPERATION PRECEDE DEATH?..... DATE OF.....
WAS THERE AN AUTOPSY? **Yes**
WHAT TEST CONFIRMED DIAGNOSIS? **Autopsy**
(Signed) **Stanley M. Hall**, M. D.
4/16 1930 (Address) **Deputy Coroner**

*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 **Mt. Moriah Cemetary**
DATE OF BURIAL **Apr. 19, 1930**

20. UNDERTAKER **J.P. Louis, Funeral Director**
ADDRESS **Kan City 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.

WHITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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PARENTS

