JUN 26

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

Do not use this space.

16808

File No.

Registered No. 12

1. PLACE OF DEATH
County Monroe. Registration District No. 581
Township Monroe. Primary Registration District No. 5783
City (No. , St. Ward)

2. FULL NAME Joseph Gregory Buckman.
(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 32 yrs. X mos. 0 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): Married
5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Sarah E. Buckman
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feby. 14th 1853.
7. AGE: Years 77 Months 2 Days 20 If LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer. 13
(b) General nature of industry, business, or establishment in which employed (or employer) L
(c) Name of employer L
9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri
10. NAME OF FATHER George W. Buckman
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Kentucky
12. MAIDEN NAME OF MOTHER Monica J. Green
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Missouri
14. INFORMANT Mrs Lulu Parsons.
(Address) Monroe City Mo.
15. FILED 5/5 1930 O. W. Wilson REGISTRAR
Deputy.

MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR) May 4th 1930
17. I HEREBY CERTIFY, That I attended deceased from March 23rd 1930, to May 4th 1930, that I last saw him alive on May 3rd 1930, and that death occurred, on the date stated above, at 1.30 A. m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pulmonary Edema due to Chronic Valvular heart disease (duration) — yrs. 2 mos. — ds.
CONTRIBUTORY (SECONDARY) Chronic Bright's disease (duration) — yrs. — mos. — ds.
18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) M. D. Pepper, M. D.
5/5 1930 (Address) Monroe City 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 St. Stephens Cemetary Monroe Co. Mo. DATE OF BURIAL May 5th 1930
20. UNDERTAKER Wilson & Son. ADDRESS Monroe City Mo.

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.