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

Do not use this space.

34244

File No. 9586

Registered No.

1. PLACE OF DEATH

County ..... Registration District No. .....

Township ..... Primary Registration District No. .....

City St Louis Mo (No. 1127 a Palm St. ..... St. ..... Ward)

2. FULL NAME Donnell W Buchanan

(a) Residence. No. 1127 a Palm St. St., 26 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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)
Male	White	Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 18 - 1929

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

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work none 10

(b) General nature of industry, business, or establishment in which employed (or employer) 10

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St Louis Mo.
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Willard Buchanan

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

12. MAIDEN NAME OF MOTHER Joyce Swinford

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

14. INFORMANT Willard Buchanan
(Address) 1127 a Palm St.

15. FILED OCT 7 1930 Max C Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 6th 1930

17. I HEREBY CERTIFY, That I attended deceased from Oct 3 1930, 19..., to Oct 6, 1930 that I last saw him alive on Oct 6, 1930 and that death occurred, on the date stated above, at 6-45 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Papillary Bronchites non Tubercular

(duration) ..... yrs. ..... mos. 3 ds.

CONTRIBUTORY *(SECONDARY) Coryza acute

(duration) ..... yrs. ..... mos. 7 ds.

1008

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

DID AN OPERATION PRECEDE DEATH? No DATE OF .....

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? usual

(Signed) W. W. Gilbert, M. D.

10-7, 1930 (Address) 4103 Easton

*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
Doe Run Mo.	Oct 8 1930
20. UNDERTAKER	ADDRESS 1417
Hy Leidner Mid Co	N. Market St.

...E OF ... information should be ... AGE ... should be stated EXACTLY. PHYSICIANS ... important.