DEC 22 1930

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

Do not use this space.

36922

1. PLACE OF DEATH

County Nodaway — Registration District No. 617 — File No.

Township White Cloud — Primary Registration District No. 5818 — Registered No. 15

City — (No. R.F.D.#3, Barnard, Mo. St. Ward)

2. FULL NAME Edith Sawyer Buckridge

(a) Residence. No. R.F.D.# 2, Gower, 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Female	White	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 28, 1875

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	55	0	7	

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

9. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY) Buchanan Co., Mo.

PARENTS

10. NAME OF FATHER Enoch Sawyer

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

12. MAIDEN NAME OF MOTHER Julia Medsker

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

14. INFORMANT James Andrew Buckridge
(Address) R.F.D.#2, Gower, Mo.

15. FILED 11/6, 1930 Chas. D Humbert M.D. REGISTRAR
Dec 5-1930 C. P. Fryer M.E.C.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) November 5, 1930

17. I HEREBY CERTIFY, That ~~I attended deceased from~~ ~~that I last saw alive on~~ ~~that I last saw alive on~~ death occurred, on the date stated above, at 1:30 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Injuries to brain from fracture thru base of skull, sustained in automobile wreck.
nearly instantaneous yrs. mos. ds.

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

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? at place of death
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? none

(Signed) Chas. D Humbert M.D. M.D.
11/5/1930 (Address) CORONER, NODAWAY CO., 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
Gower, Mo. Cemetery	11/5/ 1930

20. UNDERTAKER	ADDRESS
Price Furniture Co.,	Maryville, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. AGE should be stated EXACTLY. PHYSICIANS should state

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ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Nodaway Registration District No. 617 File No.

Township White Cloud Primary Registration District No. 5818 Registered No. 15

City (No. St. Ward)

2. FULL NAME Edith Sawyer Buckridge

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

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 F | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)

Where did this accident occur? See original name county & city or town. See original Was woman walking no or seated in car? not when I found her Was it a collision with another car or not? No

PARENTS

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Don't Know

12. MAIDEN NAME OF MOTHER

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

14. INFORMANT (Address)

15. FILED 11/6 1930 Chas. D. Hunter Jr. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 5 1930

17. I HEREBY CERTIFY, That I attended deceased from ..., 19.., to ..., 19.., that I last saw h... alive on ..., 19.., and that death occurred, on the date stated above, at ... m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Injuries to brain from failure thru base of skull (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Sustained in auto wreck (duration) yrs. 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) ..., M. D

, 19 (Address)

*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 19

20. UNDERTAKER | ADDRESS

SUPPLEMENTARY

COMPLETE AS PRESCRIBED BY LAW

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