

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

Do not use this space.

39187

1. PLACE OF DEATH

County Henry
Township X
City Windsor (No.)

Registration District No. 14
Primary Registration District No. 4211

File No.
Registered No. 35
St. Ward)

2. FULL NAME Ellen C. Buckner

(a) Residence, No. St., Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 10 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 White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 5 1860

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
70 3 5

8. OCCUPATION OF DECEASED

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

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

10. NAME OF FATHER Ira Clayton

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

12. MAIDEN NAME OF MOTHER Lacy Clayton

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

14. INFORMANT Everret Buckner
(Address) Windsor Mo

15. FILED 2 30 1931 REGISTRAR Jensen

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 10 1930

17. I HEREBY CERTIFY, That I attended deceased from 6th of November, 1930, to Dec. 10, 1930, that I last saw h. ar. alive on December 10, 1930, and that death occurred, on the date stated above, at 8.10 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Angina pectoris
97
..... (duration) yrs. : two mos. ds.
CONTRIBUTORY Arteriosclerosis
(SECONDARY)
..... (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) J. E. Moffet 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

Windsor Mo

DATE OF BURIAL

12-12-30

UNDERTAKER

HUSTON'S FUNERAL CHAPEL

ADDRESS

WINDSOR

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.

JAN 19 1931

