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.

APR 25 1931

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

Do not use this space.

File No. 11195

Registered No. 56

1. PLACE OF DEATH

County Randolph

Township Sugar Creek

City Moberly (No. ..... , ... St. ..... Ward)

Registration District No. 735

Primary Registration District No. 9034

2. FULL NAME Minnie Buchanan

(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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

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: Walter C. Buchanan

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept. 22nd 1882

7. AGE: Years 48 | Months 5 | Days 21 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home 235

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo.

FATHER

13. NAME: Elbridge Morrison

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tenn

MOTHER

15. MAIDEN NAME: Susan E. Boney

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo

17. INFORMANT: Walter Buchanan
(ADDRESS) Moberly, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Moberly DATE 3-13 1931

19. UNDERTAKER: Mahan and Son
(ADDRESS) Moberly, Mo

20. FILED 3-13 1931 Thos. L. Fleming
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): March 13th 1931

22. I HEREBY CERTIFY, That I attended deceased from March 12, 1931, to March 13, 1931

I last saw her alive on March 12, 1931. Death is said to have occurred on the date stated above, at 1:50a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer of the throat, 49 F	3-1-1930

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Jesse Mansfield, M. D.

(Address) Moberly Mo