WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

SEP 22 1931

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

Do not use this space.

1. PLACE OF DEATH

County Knox Registration District No. 1056 File No. 25470

Township Colony Primary Registration District No. 5597 Registered No. 3

City (No. St. Ward)

2. FULL NAME Annie E. Buckner

(a) Residence. No. Rutledge, Mo 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	MEDICAL CERTIFICATE OF DEATH
3. SEX: Female	16. DATE OF DEATH (MONTH, DAY AND YEAR) July 10 1931
4. COLOR OR RACE: White	17. I HEREBY CERTIFY, That I attended deceased from June 15 1930, to July 10 1931, that I last saw her alive on July 5 1931, and that death occurred, on the date stated above, at 3 a.m.
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widowed	THE CAUSE OF DEATH* WAS AS FOLLOWS: Organic heart disease
5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF H. B. Buckner	95B
6. DATE OF BIRTH (MONTH, DAY AND YEAR): Jan 4 - 1854	(duration) yrs. mos. ds.
7. AGE: Years 77, Months 6, Days 6. If LESS than 1 day, hrs. or min.	CONTRIBUTORY (SECONDARY) (duration) yrs. mos. ds.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work: House Keeper	950
(b) General nature of industry, business, or establishment in which employed (or employer)	18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? 8
(c) Name of employer	DID AN OPERATION PRECEDE DEATH? DATE OF
9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri	WAS THERE AN AUTOPSY?
PARENTS 10. NAME OF FATHER: Harrison Seaman	WHAT TEST CONFIRMED DIAGNOSIS?
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Dont Know	(Signed) Alfred McReynolds, M. D
12. MAIDEN NAME OF MOTHER: Louisa Bates	, 19 (Address) Knox City Mo
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Virginia	*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.
14. INFORMANT A. F. Buckner (Address) Centerville Iowa	19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Colony Cemetery — DATE OF BURIAL July 11 1931
15. FILED 7/21 1931 Orville Windsor REGISTRAR	20. UNDERTAKER: Gerth & Bockett — ADDRESS Gorin, Mo