

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

Do not use this space.

25802

1. PLACE OF DEATH

County Osage
Township Linn
City Linn (No. _____)

Registration District No. 644
Primary Registration District No. 5853

File No. _____
Registered No. 6
St. _____ Ward _____

2. FULL NAME

Louis Richard Buckley
(a) Residence, No. 1115 E. High 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR WIFE OF) <u>Chloe Allen</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov 16 - 1884</u>		
7. AGE	YEARS <u>46</u>	MONTHS <u>7</u>
	DAYS <u>21</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Guard</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>McPrien</u>	
	10. Date deceased last worked at this occupation (month and year) <u>July 7 - 31</u>	
	11. Total time (years) spent in this occupation <u>9 yrs</u>	
BIRTHPLACE	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mountain Co Mo</u>	
	13. NAME OF FATHER <u>Louis G Buckley</u>	
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>	
	15. MAIDEN NAME <u>Elizabeth Smith</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>	
17. INFORMANT <u>Clarence C Fote</u>		
18. BURIAL, CREMATION, OR REMOVAL <u>Colden Mo</u> DATE <u>July 23</u>		
19. UNDERTAKER (ADDRESS) <u>Lawson James</u>		
20. FILED <u>July 8th 1931</u> Family L. Natl Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 7 1931

22. I HEREBY CERTIFY That I attended deceased from _____, 19____, to _____, 19____.

I last saw him alive on _____, 19____. Death is said to have occurred on the date stated above, at 10 A. m.

The principal cause of death and related causes of importance were as follows:
Spurred Aorta from fractured up, caused by jumping from 200 ft State Bush truck running

Other contributory causes of importance:
Out of control due to defective brakes

Name of operation 3.18.31 Date of _____

What last confirmed diagnosis? 2.10.31 Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide or homicide Accident State of injury July 7 1931
Where did injury occur? 1 mile from town of Colden Mo
(Specify city or town, county, and State) no
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury Crushed by wind driven back
Nature of injury Fractured skull, fractured spine, etc.

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) E. P. Meade Coroner, M. D.
(Address) Bonnie Hill Mo

WHITE PRINTING 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.

JUL 27 1931

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