

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

Do not use this space.

644

1. PLACE OF DEATH
 34 County Douglas Registration District No. 272
 Township Boone Primary Registration District No. 5384
 City _____ (No. _____) St. _____ Ward _____

2. FULL NAME Granville Alvin 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. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 7 1931

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
		7	11	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

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) ava mo

FATHER
 13. NAME Levil Buchanan
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ava

MOTHER
 15. MAIDEN NAME Bertha Moore
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Girdner mo

17. INFORMANT Levil Buchanan
 (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Girdner Mo. DATE Jan 19 1932

19. UNDERTAKER Wightman
 (ADDRESS)

20. FILED 273 1932 E.B. Korman
 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 18 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 15 1932 to Jan 18 1932
 I last saw him alive on 1-18 1932. Death is said to have occurred on the date stated above, at 4 P m.
 The principal cause of death and related causes of importance were as follows:
Lobar Pneumonia Date of onset _____

Other contributory causes of importance:
108 108

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 0

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify _____
 (Signed) R. M. Norman, M. D.
 (Address) ava mo

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.

23 1932

