

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.

MAILED 2-6 1932

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

Do not use this space.

1681

1. PLACE OF DEATH

County Linn

Registration District No. 502

Township

Primary Registration District No. 4305

City

Margeline Memorial Hospital

File No.

Registered No. 7

St.

Ward

2. FULL NAME

(a) Residence, No.

St.

Ward.

(Usual place of abode)

St Catherine Mo.
(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)

single

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

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

July 8 1868

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

63

6

23

234

OCCUPATION

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

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

house keeper

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

St Catherine Mo

MOTHER FATHER

13. NAME

Cornelius Buckley

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

Ireland 1571

15. MAIDEN NAME

Hannah Power

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

Ireland

17. INFORMANT (ADDRESS)

Neil Buckley St Catherine Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE St Michaels DATE Jan 27 1932

19. UNDERTAKER (ADDRESS)

Jas. M. Layhlin Margeline Mo

20. FILED

9/6 1932

Registrar.

MEDICAL CERTIFICATE OF DEATH

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

Jan 31 1932

22. I HEREBY CERTIFY, That I attended deceased from

Jan 20 1932, to Jan 31 1932

I last saw him alive on Jan 31 1932 Death is said

to have occurred on the date stated above, at 11:30 a.m.

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

Crown thrombosis

Date of onset

Jan 10

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?..... No

If so, specify.....

(Signed) Dr. P. M. Layhlin M. D.

(Address) Margeline Mo

