

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

Do not use this space.

**3591**

**1. PLACE OF DEATH**

County *Wright Co., Mo.*  
Township *Boone*  
City *Boone* (No. ....)

Registration District No. *906*  
Primary Registration District No. *6224*

File No. ....  
Registered No. ~~.....~~  
St. .... Ward)

**2. FULL NAME** *Orville Buck*

(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 *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) *Mar. 20, 1897*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
*34 10 2*

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

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) *Missouri*

13. NAME *Steve Buck*

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

15. MAIDEN NAME *Boyer*

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

17. INFORMANT *Lillie Eaton & Emma Terider*

18. BURIAL, CREMATION OR REMOVAL  
PLACE *Boyer Cemetery* DATE *Jan. 24th 1932*

19. UNDERTAKER *Mrs. A. P. Whelchel*  
(ADDRESS) *Hartsville Mo.*

20. FILED *Feb 5 1932* *Mabel Bear*  
Registrar.

**2 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Jan 27th 1932*

22. I HEREBY CERTIFY that I attended deceased from *Dec 20th 1931* to *Jan 27th 1932*

I last saw *alive on Jan 21st 1932* Death is said to have occurred on the date stated above, at *9:00* m.

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

*Pneumonia Pulmonalis (Lungs)*  
*135D*

Other contributory causes of importance: *Cystitis Bladder*

Name of operation *230* 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) *A. Murrell* M. D.  
(Address) *Hartsville 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.

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