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.

MAY 25 1932

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

Do not use this space.

12961

1. PLACE OF DEATH

49 County Jasper — Registration District No. 411 — File No. 24

7 Township — Primary Registration District No. 2002 — Registered No.

5 City Joplin (No. ..... St. ..... Ward)

2. FULL NAME Margarette Anne Buffington

(a) Residence. No. 2110 Jackson Ave. St., ... Ward. (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 35 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): Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Oct 1st 1839

7. AGE: Years 92 — Months 6 — Days 18 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housekeeper
(b) General nature of industry, business, or establishment in which employed (or employer): ✓
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Knoxville Tennessee

PARENTS
10. NAME OF FATHER: Samuel Brazel
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): 31 Unknown
12. MAIDEN NAME OF MOTHER: Rachel Spence
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Unknown

14. INFORMANT (Address): Mrs. Harry Davis Joplin Mo.

15. FILED 4/20, 1932. A. Benson Clark, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

1

16. DATE OF DEATH (MONTH, DAY AND YEAR): Apr. 19 1932

17. I HEREBY CERTIFY, That I attended deceased from some 10 yrs., 19..., to April 19th, 1932, that I last saw her alive on April 19th, 1932, and that death occurred, on the date stated above, at 12 noon m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Senility
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY): Old age
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Joplin, Mo.
DID AN OPERATION PRECEDE DEATH? no DATE OF ✓
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Witnessed death
(Signed) A. N. Winchester, M. D.
, 1932 (Address) Joplin Mo

*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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Columbus Kansas — DATE OF BURIAL: Apr 22 1932

20. UNDERTAKER: E. K. Smith — ADDRESS: Kan Pittsburg