

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

Do not use this space.

15012

**1. PLACE OF DEATH**

County Howard Registration District No. 834  
 Township Boyer Primary Registration District No. 6097  
 City Brownwood (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
 Registered No. 19

**2. FULL NAME**

Mirandy Carteton  
 (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 40 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) Married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF George H. Carteton

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 4-13-1861

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
71 | 0 | 1 | 1

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

9. BIRTHPLACE (CITY OR TOWN) Ill. (STATE OR COUNTRY)

10. NAME OF FATHER A. J. Buff

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Ill. (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Miranda Buff

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Ill. (STATE OR COUNTRY)

14. INFORMANT Earnest Walker (Address) Brownwood, Mo.

15. FILED 4-19-1933 W. McKeary REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 4-14 1932

17. I HEREBY CERTIFY, That I attended deceased from 4-13 1932, to 4-14 1932, and that I last saw him alive on 4-14 1932, and that death occurred, on the date stated above, at 4-14 1932 a. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
acute Bronchitis  
+ Flu  
 (duration) yrs. mos. ds.  
 CONTRIBUTORY (SECONDARY) (D) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH: \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH: no DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY: no

WHAT TEST CONFIRMED DIAGNOSIS: \_\_\_\_\_ (Signed) B. R. Reynolds, M. D.  
4-19, 1932 (Address) Advantage

\*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 Brownwood, Mo. DATE OF BURIAL 4/15 1932

20. UNDERTAKER Virgil O. Harris ADDRESS Advantage Mo.

PHYSICIANS should state OCCUPATION is very important. MAY 31 1933  
 N. B.—Every item of information should be given. CAUSE OF DEATH in plain terms, as far as possible.  
 WRITE FULL NAME OF DECEASED IN FULL IN PLAIN ENGLISH.

