

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

Do not use this space.

16669

1. PLACE OF DEATH

57 County Lincoln Registration District No. 490
Township Millwood Twp. Primary Registration District No. 5659
City Millwood Mo.

File No. _____
Registered No. 3
St. _____ Ward _____

2. FULL NAME

Buford Wilford Henry
(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 M. 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 4-19-1860.
7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
72 1 19.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
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) all spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lincoln Co. Missouri
13. NAME Buford Henry
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lincoln Co. Missouri
15. MAIDEN NAME Levina Wilford
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lincoln Co. Missouri
17. INFORMANT (ADDRESS) Mrs. B. G. Henry, Cass Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Walden DATE 5-31-1932
19. UNDERTAKER (ADDRESS) William J. Dornand, Silas, Mo.
20. FILED 5-31-1932 O. H. Damon Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 29, 1932
22. I HEREBY CERTIFY, That I attended deceased from Jan-1-1932 to May-29-1932.
I last saw him alive on May 24, 1932. Death is said to have occurred on the date stated above, at S. A., m.
The principal cause of death and related causes of importance were as follows:
Chronic interstitial Nephritis & Chronic Myocarditis. Date of onset 1929.
Other contributory causes of importance: Artero-sclerosis
Name of operation _____ Date of _____
What test confirmed diagnosis: Clinical Was there an autopsy? no.
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) O. H. Damon, M. D.
(Address) Silas 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.

JUN 28 1932

