

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

Do not use this space.

16671

1. PLACE OF DEATH

57
1
2

County Linn
Township Bridgman
City Waverly (No. _____)

Registration District No. 491
Primary Registration District No. 4298

File No. _____
Registered No. 55
St. _____ Ward _____

2. FULL NAME

Stella Buchanan

(a) Residence No. _____ St. _____ Ward _____
(Usual place of abode)

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 Black 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) -

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
97

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work House work
(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) 31

10. NAME OF FATHER _____

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

12. MAIDEN NAME OF MOTHER _____

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

14. INFORMANT Walter Bailey (Address) Troy Mo

15. FILED 5/10/32 W. P. Smith REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 5-3 1932

17. I HEREBY CERTIFY, That I attended deceased from 5-3, 1932, to 5-3, 1932, that I last saw him alive on 5-2-32, 1932, and that death occurred, on the date stated above, at 2:30 P. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

myocarditis (chronic)

CONTRIBUTORY (SECONDARY) P.B.C. (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED ①

8 DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WHAT TEST CONFIRMED DIAGNOSIS? _____

(Signed) H. P. Hornis, M. D.
, 19 (Address) Troy Mo.

*State the DISEASE CAUSING DEATH, with 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 Troy Cemetery DATE OF BURIAL May 6 1932

20. UNDERTAKER Keeney Bros ADDRESS Troy 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 23 1932

WITH OPAIDING INK—THIS IS A PERMANENT RECORD

