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.

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

Do not use this space.

17714

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St Louis (No. 6140, Oakland St. ..... Ward)

File No. .....

Registered No. 4666

2. FULL NAME Mary Isabel Buckingham

(a) Residence, No. 4007a St Ferdinand St., 11 Ward. (If nonresident, give city or town and State)
(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: white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jany 14 1849

7. AGE: YEARS 83 | MONTHS 3 | DAYS 27 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self. 235
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) Jacksonville Illinois 2

FATHER

13. NAME Abraham McGinnis
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jonesboro Tennessee

MOTHER

15. MAIDEN NAME Matilda B. Allen
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Luray Virginia

17. INFORMANT (ADDRESS) Clarence Buckingham Jacksonville, Illinois

18. BURIAL, CREMATION, OR REMOVAL
PLACE Jacksonville Ill DATE May 13th 1932

19. UNDERTAKER (ADDRESS) John L. Collins Bros. 1928 N. Grand Ave.

20. FILED MAY 12 1932 19 Max C. Starker Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-11-, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 7, 1932, to May 11, 1932

I last saw her alive on May 11, 1932 Death is said to have occurred on the date stated above, at 11 30 A.m.

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

	Date of onset
Myocarditis (chronic)	?
131	
932 131	
Other contributory causes of importance:	
Nephritis chronic	5 yrs.

Name of operation none 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? no

If so, specify .....

(Signed) C. H. Johnson, M. D.

(Address) 2435 N. Grand Ave.