

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

Do not use this space.

20419

1. PLACE OF DEATH
 80 County Pettis Registration District No. 668
 4 Township _____ Primary Registration District No. 3032
 8 City Sedalia (No. _____) St. _____ Ward _____

2. FULL NAME Bessie May Violitta Buckner
 (a) Residence, No. 220 W. Morgan 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 F 4. COLOR OR RACE Col 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 4-7-1906

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>26</u>	<u>1</u>	<u>26</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

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) about Feb 1 1932 Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cooper Co Mo

FATHER 13. NAME Arthur Glasgow

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Montgomery Ala

MOTHER 15. MAIDEN NAME Anna May Cannon

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cooper Co Mo

17. INFORMANT Anna Glasgow
(ADDRESS) Sedalia Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Smithton Mo DATE June 7 1932

19. UNDERTAKER (ADDRESS) 25 Ferguson Sedalia

20. FILED 6-7-32 1932 J. G. Love Registrar

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from May 5 1932 to June 1 1932
 I last saw her alive on June 2 1932 Death is said to have occurred on the date stated above, at 11.0 m.
 The principal cause of death and related causes of importance were as follows:
Brain pneumonia being
ingested
 Date of onset April 1932

Other contributory causes of importance: (D)

Name of operation _____ 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) B. Buckner, M. D.
 (Address) Sedalia Mo

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.

26 1932

