

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

Do not use this space.

38917

1. PLACE OF DEATH

County Clark Registration District No. 194
 Townshp. Wyaconda Primary Registration District No. 4117
 City Wyaconda (No. _____) St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Wyaconda, Mo 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 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 ag Pitman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan - 9 1868

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
64 | 11 | 1 | _____

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. 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) Pennsylvania

13. NAME Andrew J. Buffington

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pa

15. MAIDEN NAME Elizabeth Taylor

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Salem, Ia

17. INFORMANT (ADDRESS) Elva Raydelph Salem, Ia

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE Salem, Ia Dec 11 1932

19. UNDERTAKER (ADDRESS) Gertie Baskett Wyaconda, Mo

20. FILED 12-11-32 Bessie Plattner Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-10-32

22. I HEREBY CERTIFY, That I attended deceased from Nov 30 1932 to Dec 10 1932

I last saw him alive on Dec 8 1932. Death is said to have occurred on the date stated above, at 7 a m.

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

Cerebral hemorrhage Date of onset 1932

82A

97

82A

Other contributory causes of importance: Arteriosclerosis

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) A. L. McQuis, M. D.

(Address) Wyaconda, 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.

JAN 22 1933

RESERVED FOR SIGNING

