

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

Do not use this space.

39535

1. PLACE OF DEATH

County Backson Registration District No. 399 File No. _____
 Township St. Lawrence Primary Registration District No. _____ Registered No. 4522
 City Kansas City, Mo. (No. 3612 Troost - 1st Floor, So.) St. _____ Ward _____

2. FULL NAME

Charles C. Buchanan
 (a) Residence, No. 3612 Troost St. 6 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 male. 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 Ella M. Buchanan

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb-2-1867

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
65 9 29

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Real Estate & Rental
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Owner of 154
 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) Mo.

FATHER 13. NAME Charles Buchanan

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

MOTHER 15. MAIDEN NAME M. Davis

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Stoughtin Buc

18. BURIAL, CREMATION, OR REMOVAL

PLACE Cambria - Iowa DATE DEC 1922

19. UNDERTAKER (ADDRESS) A. A. Doshled

20. FILED 17/1 1922 M. M. Carone Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec-1 1922

22. I HEREBY CERTIFY, That I attended deceased from Sept 17 1922 to Dec 1 1922
 I last saw him alive on Nov 30 1922. Death is said to have occurred on the date stated above, at 8:30 p.m.

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

Haemia Date of onset 11/24/22
Chronic Nephritis
131
132B

Other contributory causes of importance: 1

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) Arthur _____ M. D.
 (Address) 1039 E. Howard

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.

64
The

... ..
... ..
... ..