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.

APR 24 1933

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

Do not use this space.

9039

1. PLACE OF DEATH
County Daviess — Registration District No. 250 — File No.
Township — Primary Registration District No. 4150 — Registered No. 669
City Gallatin (No. ..... St. ..... Ward)

2. FULL NAME Charles Grant Buckingham
(a) Residence, No. Gallatin, 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 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 Cordia Buckingham

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 25 1867

7. AGE Years 65 Months 6 Days 28 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lumber Salesman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Lumber Yard
10. Date deceased last worked at this occupation (month and year) 1932 Jan.
11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

FATHER
13. NAME Wm D. Buckingham
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

MOTHER
15. MAIDEN NAME Almira McAllister
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

17. INFORMANT (ADDRESS) Mrs. Homer Feurt Jameson Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Brown Cem. DATE 3-26 1933

19. UNDERTAKER (ADDRESS) H. A. Hope Gallatin Mo.

20. FILED 3-28- 1933 P. L. Gardner Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 23, 1933

22. I HEREBY CERTIFY, That I attended deceased from March 22, 1933, to March 23, 1933
I last saw him alive on March 23, 1933. Death is said to have occurred on the date stated above, at 9 P. m.
The principal cause of death and related causes of importance were as follows:

Pernicious Anaemia — Date of onset [illegible]

71A 71A

Other contributory causes of importance:

Name of operation — Date of —
What test confirmed diagnosis? Microscopic Was there an autopsy? No

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) R. V. Thompson, M. D.
(Address) Jamesport, Mo.