

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

Do not use this space.

136272

**1. PLACE OF DEATH**

County Jaeger  
Township Jaeger  
City Jaeger (No. 1)

Registration District No. 11  
Primary Registration District No. 2002

File No. 136272  
Registered No. 136272  
St. Mo. Ward 1

**2. FULL NAME**

Mrs. Mary L. Buchanan  
(a) Residence, No. St. John's Hosp. St. Mo. Ward 1  
(Usual place of abode)

Length of residence in city or town where death occurred yes mos. 1 ds. 1 How long in U. S., if of foreign birth? yrs. 0 mos. 0 ds. 0 (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE Wht. 5. (SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)) Married

6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lucius P. Buchanan

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 17 - 1886

7. AGE YEARS 46 MONTHS 11 DAYS 1 If LESS than 1 day, ..... hrs. or ..... min.

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. u. i.

10. Date deceased last worked at this occupation (month and year) recently 11. Total time (years) spent in this occupation 1

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Laverne, Mo.

13. NAME Martin Griffin

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jaeger, Mo.

15. MAIDEN NAME Sarah L. Londe

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jaeger, Mo.

17. INFORMANT Lucius P. Buchanan (ADDRESS) Madison Hill

18. BURIAL, CREMATION, OR REMOVAL PLACE Woodlawn DATE Oct 18 1933

19. UNDERTAKER Frank L. ... (ADDRESS) ...

20. FILED 19 1933 W. H. ... Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 18, 1933

22. I HEREBY CERTIFY That I attended deceased from October 13, 1933, to April 15, 1933. Last saw her alive on April 15, 1933. Death is said to have occurred on the date stated above, at 8:52 a.m. The principal cause of death and related causes of importance were as follows:

Secondary Anemia  
466  
53E  
71 1/2

Other contributory causes of importance:  
General Carcinomatous  
of abdominal viscera

Name of operation exploratory Date of Oct 13/33

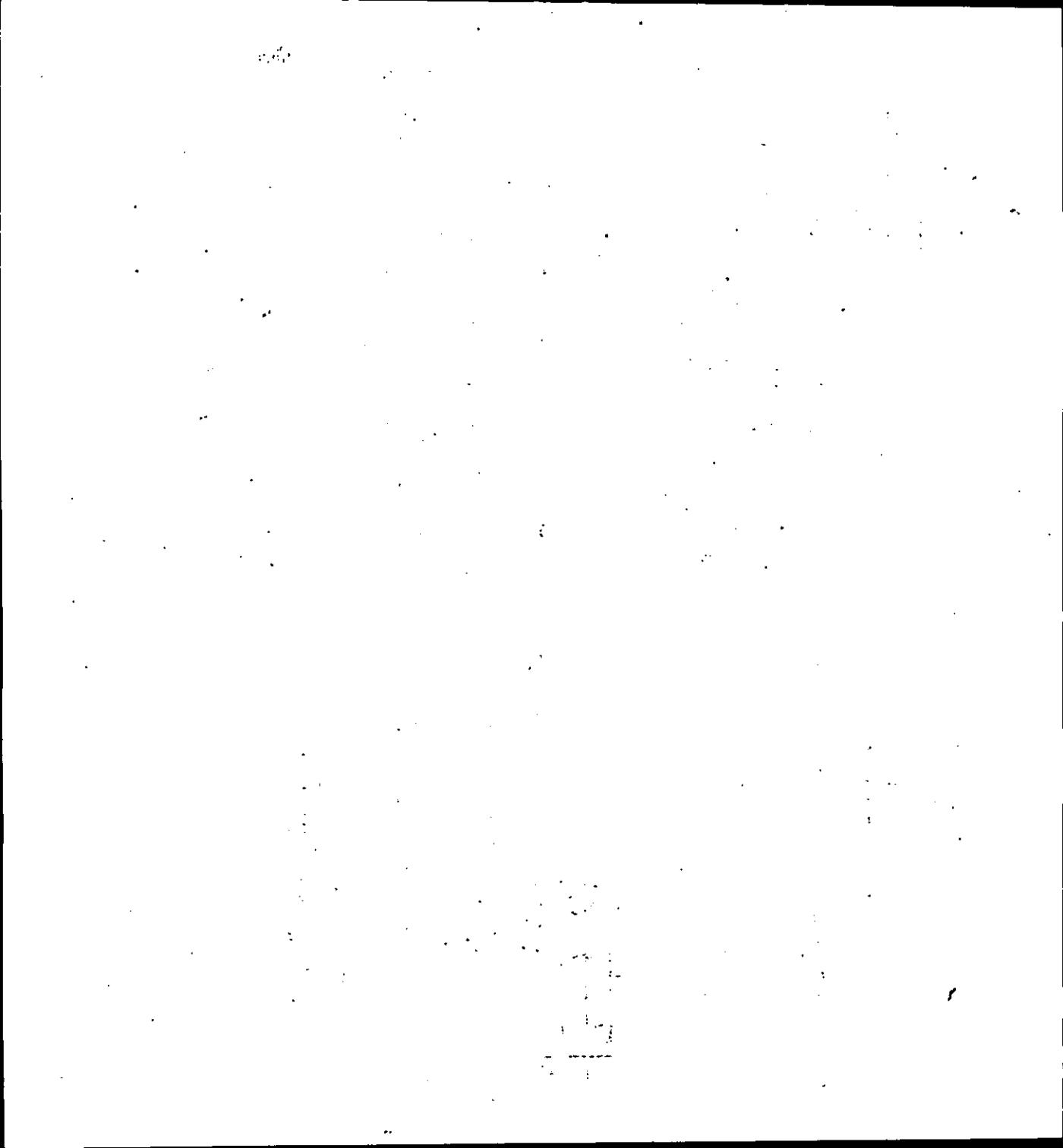
What test confirmed diagnosis? Spec Was there an autopsy? no

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) W. Mitchell Cherry M. D. (Address) \_\_\_\_\_

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. PHYSICIANS should state EXACTLY. Exact statement of OCCUPATION is very important. MAY 22 1933



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CERTIFICATE OF DEATH**

ALL INFORMATION CALLED  
FOR MUST BE WRITTEN ON  
THIS SUPPLEMENTARY.

**1. PLACE OF DEATH**

County Jasper  
Township Jasper  
City Jasper (No. ....)

Registration District No. 411  
Primary Registration District No. 2022

File No. ....  
Registered No. 163 St. .... Ward)

**2. FULL NAME**

(a) Residence, No. .... St. .... Ward.  
(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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED M (write the word)

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

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

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

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

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)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19...

19. UNDERTAKER (ADDRESS)

20. FILED

6/15 1933 Clarence Clark Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 18 1933

22. I HEREBY CERTIFY, That I attended deceased from

..... to ..... 19.....

I last saw h. .... alive on ..... 19..... Death is said

to have occurred on the date stated above, at ..... m.

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

Secondary anemia Date of onset

Other contributory causes of importance:

General carcinoma of abdomen & prostate

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?

If so, specify

(Signed) ..... M. D.

(Address)

SUPPLEMENTARY

46B

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.  
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.

5-13627