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.

JUL 22 1933

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

Do not use this space.

19582

1. PLACE OF DEATH
County Iron — Registration District No. 391 — File No.
Township Arcadia — Primary Registration District No. ~~55460~~ — Registered No. 29
City Ironton (No. 4230 St. Ward)

2. FULL NAME Nancy Virginia Buford
(a) Residence, No. St., Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. ~~SEX~~ F M
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) widow
5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF Simeon Buford
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 4 1853
7. AGE YEARS 80 MONTHS 2 DAYS 24 If LESS than 1 day, ...hrs. or ....min.

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

FATHER
13. NAME Ballard H Barger
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

MOTHER
15. MAIDEN NAME Mary Kiester
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

17. INFORMANT (ADDRESS) Mrs Ada Fletcher Ironton Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Ironton Mo DATE June 3 1933
19. UNDERTAKER (ADDRESS) Hanover White & Son Ironton Mo
20. FILED June 13 1933 R. A. Rasche Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 1st May 31, 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 1924 to June 1, 1933
I last saw her alive on June, 1933 Death is said to have occurred on the date stated above, at 6 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia - Nephritis	?
93 D	
132 A	

93 D

Other contributory causes of importance:
Myocarditis

Name of operation Mom — Date of
What test confirmed diagnosis? A 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) George M. Gr, M. D.
(Address) Ironton Mo.