

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

Do not use this space.

**30040**

**1. PLACE OF DEATH**

County Jefferson  
Township Beckham  
City Meramec

Registration District No. 421  
Primary Registration District No. 5575

File No. \_\_\_\_\_  
Registered No. 92  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

William Clark Buckner

(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 male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 17 - 1913

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
19 11 3

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer  
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) Jefferson Co. Mo.

13. NAME W. C. Buckner

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

15. MAIDEN NAME Elsie Stinoble

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

17. INFORMANT (ADDRESS) Clare Warner Meramec

18. BURIAL, CREMATION, OR REMOVAL PLACE Meramec DATE 9-23-1933

19. UNDERTAKER (ADDRESS) Frank Ford Co. Meramec Mo.

20. FILED Sept. 21, 1933 J. E. Rutledge Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 20, 1933

22. ~~I HEREBY CERTIFY~~ That I attended deceased from \_\_\_\_\_, 19\_\_\_\_ to \_\_\_\_\_, 19\_\_\_\_  
Death is said to have occurred on the date stated above, at 12 m.

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

I hereby certify that I conducted an inquest on deceased on Sept 20, 1933. Coroner's jury returned verdict of accidental death.  
Other contributory causes of importance: Crushed by slide at rock quarry causing instant death.

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? accident Date of injury 9/20, 1933  
Where did injury occur? Meramec, Mo. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Internal injuries  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?  
If so, specify (Signed) Frank Frozier (Address) Meramec, 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.

NOV 10 1933

