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

Do not use this space.

33693

1. PLACE OF DEATH

County Marion — Registration District No. 547 — File No. 302

Township Mason — Primary Registration District No. 3879 — Registered No. 547

City Hannibal (No. St. Elizabeth Hospital St. 6th Ward)

2. FULL NAME James L. Buchanan

(a) Residence, No. ..... St., ... Ward. Hull, Ill.
(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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 20 1868

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
64	9	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farm 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) Pigeon Creek Pike Co. Ill.

FATHER

13. NAME Don't Know

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

MOTHER

15. MAIDEN NAME Don't Know

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

17. INFORMANT (ADDRESS) Della Lampton Hannibal, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Ackers Chapel, Ill. DATE Oct. 13 1933

19. UNDERTAKER (ADDRESS) Roy P. Schwartz Hannibal Mo.

20. FILED Oct 11 33 R. W. Isbister Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 11, 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 15, 1933, to Oct 11, 1933

I last saw him alive on Oct 11, 1933 Death is said to have occurred on the date stated above, at 10:45 a.m.

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

Metastatic glandular cell carcinoma of 8 cervical to 3rd dorsal spine & cord

Date of onset

Other contributory causes of importance:

Ca of prostate

Name of operation Laminectomy Date of 10-2-33

What test confirmed diagnosis? Clin & Surg 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?

If so, specify

(Signed) J. Reichmann, M. D.

(Address) 1001 Bdwy Hannibal Mo

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

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD