

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

Do not use this space.

36486  
4402

**1. PLACE OF DEATH**  
 County Jackson Registration District No. 399  
 Township Kaw Primary Registration District No. 1002  
 City Kansas City (No. St. Marys Hospital) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** George F. Buck  
 (a) Residence, No. 1015 Jefferson 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** \_\_\_\_\_

**6. DATE OF BIRTH (MONTH, DAY, AND YEAR)** January 10, 1870

<b>7. AGE</b>	<b>YEARS</b>	<b>MONTHS</b>	<b>DAYS</b>	<b>If LESS than 1 day, ..... hrs. or ..... min.</b>
	<u>63</u>	<u>9</u>	<u>26</u>	

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

**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)** Iowa

**MOTHER**

**13. NAME** Auguste Buck

**14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)** Amsterdam, Holland

**15. MAIDEN NAME** Rickey Sager

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

**17. INFORMANT** Mrs. Alice Buck  
(ADDRESS) 1015 Jefferson

**18. BURIAL, CREMATION, OR REMOVAL**  
 PLACE Kosta Iowa DATE November 10, 1933

**19. UNDERTAKER** John J. Sheehan  
(ADDRESS) Kansas City, Missouri

**20. FILED** 11-10 19 33 no incrowd  
asst Registrar.

**MEDICAL CERTIFICATE OF DEATH**

**21. DATE OF DEATH (MONTH, DAY, AND YEAR)** November 7, 1933

**22. I HEREBY CERTIFY**, (That I attended deceased from July 31, 1933, to November 7, 1933)  
 I last saw him ..... alive on November 7, 1933. Death is said to have occurred on the date stated above, at 12:07pm.  
 The principal cause of death and related causes of importance were as follows:  
Tuberculous mediastinitis  
Tuberculous pericarditis Date of onset 7-1-33

**Other contributory causes of importance:**  
23 yrs  
31

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ 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) Hubert M. Parker M. D.  
 (Address) 736 Argyle N.P. 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.

1934

10

10

