

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

M. E. Ward
Do not use this space.

37463

1934
JAN 4

1. PLACE OF DEATH
 County Boone Registration District No. 668
 Township DeKalb Primary Registration District No. 3082
 City DeKalb (No. 1621 So Harrison) St. _____ Ward _____

2. FULL NAME Frank M. Buckner
 (a) Residence, No. 1621 So Har 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.

File No. 668
 Registered No. 286

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 1 - 1866

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
67 2 13

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) Ky

13. NAME Squire Buckner

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

15. MAIDEN NAME Jessy Walker

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

17. INFORMANT (ADDRESS) Mrs J. M. Buckner DeKalb Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Myon Park DATE 11/16 33

19. UNDERTAKER (ADDRESS) Mississipp Fruit House 212 So Harrison

20. FILED 11-16 1933 Jean Slack Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 14 1933

22. I HEREBY CERTIFY that I attended deceased from Nov. 1 1933 to Nov. 14 1933
 I last saw him alive on Nov. 10 1933 Death is said to have occurred on the date stated above, at 9:30 P.M.
 The principal cause of death and related causes of importance were as follows:
Thrombosis coronary artery
arteriosclerosis

Date of onset refined medicine

Other contributory causes of importance:
arteriosclerosis

Name of operation none Date of _____
 What test confirmed diagnosis thrombosis Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? no 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 none
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
 (Also, specify _____)
 (Signed) Chas. A. Murphy, M. D.
 (Address) 212 So Harrison 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.

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