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.

APR 25 1934

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

Do not use this space.

File No. 9975
Registered No. 102 668

1. PLACE OF DEATH Pettis County ..... Registration District No. C.C.J.
Township ..... Primary Registration District No. 3032
City Sedalia (No. 607 W 6th, ... St. ..... Ward)

2. FULL NAME William A Buell
(a) Residence, No. 607 W 6th. 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: 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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 21 1875

7. AGE: Years 58 | Months 9 | Days 0 | If LESS than 1 day, ... hrs. or ..... min.

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

FATHER
13. NAME E.R.Buell
14. BIRTHPLACE (CITY OR TOWN) ..... (STATE OR COUNTRY) Don,t know

MOTHER
15. MAIDEN NAME Lucinda Allison
16. BIRTHPLACE (CITY OR TOWN) ..... (STATE OR COUNTRY) Mo.

17. INFORMANT Mrs. W.A.Buell
(ADDRESS) Sedalia Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Boonville Mo. DATE Mar.23 1934

19. UNDERTAKER Gillespie Funeral Home
(ADDRESS) Sedalia Mo.

20. FILED 9-22- 1934 Jean Slack
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 21 1934

22. I HEREBY CERTIFY, That I attended deceased from Mar 21 - 1934 to ..... 19..... Died at home
I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Probably Heart condition	

Other contributory causes of importance:

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? .....
If so, specify .....
(Signed) C.C. Snively M. D.
(Address) 1 " Arcadia