

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

Do not use this space.

1. PLACE OF DEATH

County Jackson Registration District No. 399
 Township Kaw Primary Registration District No. 1007
 City Kansas City (No. 4516 Tracy)

File No. 16819
 Registered No. 2188
 St. _____ Ward _____

2. FULL NAME Sterling Price Bucker

(a) Residence, No. 4516 Tracy 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) Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Jessie Bucker
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 15, 1862
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
72 1

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
 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) Parkville Mo
 (STATE OR COUNTRY)

13. NAME Samuel Bucker
 14. BIRTHPLACE (CITY OR TOWN) Unknown
 (STATE OR COUNTRY)

15. MAIDEN NAME Margaret Bucker
 16. BIRTHPLACE (CITY OR TOWN) Stevenburg Va
 (STATE OR COUNTRY)

17. INFORMANT W. D. Bucker
 (ADDRESS) 4021 Hyde Park

18. BURIAL, CREMATION, OR REMOVAL PLACE Not known cemetery DATE May 17 1934

19. UNDERTAKER Wagner Funeral Home
 (ADDRESS) 204 W. Linwood

20. FILED May 17 1934 W. M. Brown
 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 15, 34 1934

22. I HEREBY CERTIFY, That I attended deceased from 11 May 1934, to 15 May 1934

I last saw h. alive on 14 May 1934 Death is said to have occurred on the date stated above, at 5:30 A.M.

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

Lobar Pneumonia
100
131
108
 Other contributory causes of importance:
Chronic Nephritis

Name of operation None Date of _____
 What test confirmed diagnosis? Usual 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) W. P. Jones M. D.
 (Address) 421 E. 45th

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.

JUN 19 1934

11-12 - 3-500

421 E-11 McMillan City