

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.

7. May 25 1934

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

Do not use this space.

19268

1. PLACE OF DEATH

County

Registration District No. 872

File No. 76

Township

Primary Registration District No. 662

Registered No.

City

(No. _____)

St.

Ward

2. FULL NAME

(a) Residence, No. _____ St., _____ Ward.

(Usual place of abode)

Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

9 yrs. 9 mos. 23 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)

single

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

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

Nov 12 / 1899

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

56

5

17

OCCUPATION

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

Line-man (electric)

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.

MOTHER FATHER

13. NAME

Cummins Buchanan

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

Mo.

15. MAIDEN NAME

Cheritz Cooper

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

Mo.

17. INFORMANT (ADDRESS)

J. P. Buchanan (son) 1414 N. Broadway Springfield

18. BURIAL, CREMATION, OR REMOVAL

Springfield Mo DATE 5 3 1934

19. UNDERTAKER (ADDRESS)

Henry Jones About Nevada Mo

20. FILED

May 1934 W. M. Nunn Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-1-1934

22. I HEREBY CERTIFY, That I attended deceased from

Oct. 7, 1924, to May 1, 1934

I last saw him alive on _____, 1934. Death is said

to have occurred on the date stated above, at 2 P. M.

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

Arteriosclerosis Date of onset ?

930 9312 77

Other contributory causes of importance:

myocardial infarct. ?

Name of operation _____ Date of _____

What test confirmed diagnosis? Clinical 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)

(Address)

J. P. Odde M. D. Nevada, Mo.

