

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 20 1934

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

Do not use this space.

19950

1. PLACE OF DEATH

County Laclede Registration District No. 238 File No. \_\_\_\_\_  
Township Lockwood Primary Registration District No. H145 Registered No. \_\_\_\_\_  
City Lockwood (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

Clara Lucindia Buchanan

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_ (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>F.</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Andrew Buchanan</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 11-1855</u>		
7. AGE YEARS <u>78</u>	MONTHS <u>10</u>	DAYS <u>28</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>		11. Total time (years) spent in this occupation
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)		

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Laclede Co, Mo</u>
13. NAME <u>Milhe Carmou</u>
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>
15. MAIDEN NAME <u>Unknown</u>
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS) <u>Dee Buchanan</u>
18. BURIAL, CREATION, OR REMOVAL PLACE DATE <u>Callins June 9, 34</u>
19. UNDERTAKER (ADDRESS) <u>E. Ray Caldwell Lockwood</u>
20. FILED <u>6-10</u> 19 <u>34</u> <u>J. C. Wren</u> Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 8, 1934

22. I HEREBY CERTIFY that I attended deceased from May 23 1934 to June 7 1934  
I last saw h. ex. alive on June 7 1934. Death is said to have occurred on the date stated above, at 6:15 am  
The principal cause of death and related causes of importance were as follows:  
Pulmonary Edema Date of onset 6/7/34  
Respiratory Paralysis 6/7/34  
Arterio Sclerosis Unknown  
Hypertensive Cardio-Vascular Renal Disease "

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 Paul E. Pinneton D.O. M.D.  
(Signed) \_\_\_\_\_ (Address) Lockwood Mo

