OCT 11

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

Do not use this space.

33699

1. PLACE OF DEATH
County Pettis Registration District No. 670 File No.
Township Bowling Green Primary Registration District No. 5893 Registered No.
City (No. Beaman Route #2 St. Ward)

2. FULL NAME Loyd James Buckles
(a) Residence, No. Beaman Route 2 St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 1 yrs. 4 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) —
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 23, 1926
7. AGE YEARS 7 MONTHS 11 DAYS 5 If LESS than 1 day, hrs. or min.

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

FATHER
13. NAME Le Roy Buckles
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Shannon Co Mo

MOTHER
15. MAIDEN NAME Gladys Guyman
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sedalia Mo

17. INFORMANT (ADDRESS) Le Roy Buckles Beaman Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Crown Hill DATE 10-1-1934
19. UNDERTAKER (ADDRESS) McLaughlin Bros Sedalia
20. FILED Oct 8, 1934 Flossie Ferguson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 28, 1934
22. I HEREBY CERTIFY, That I ~~attended deceased~~ viewed from the Body, 19, to Sept 29, 1934
I last saw h alive on, 19 Death is said to have occurred on the date stated above, at 4:30 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Accidental Drowning	
185	
86A	
183	
Other contributory causes of importance	
	11

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? Accident Date of injury, 19
Where did injury occur? Children Creek Bowling Green Sept
Specify city or town, county, and State
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury Falling off log in Creek
Nature of injury Drowning

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) E. C. Snavely
(Address) Coroner