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8
DEC 20 1934MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County

Randolph

Registration District No.

735

File No.

40417

Township

Moberly

Primary Registration District No.

3034

Registered No.

231

City

(No.

722 West End Pl

Ward)

2. FULL NAME

H. Joseph Buckley

(a) Residence, No.

722 West End Rd.

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)

Married

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

Anna Buckley

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

Jan 13th 1860

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, hrs.
or min.

74

10

5

OCCUPATION

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

Retired "

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

13. NAME

John R Buckley

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

Ky

15. MAIDEN NAME

No data

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

"

17. INFORMANT
(ADDRESS)Mrs Anna Buckley
Moberly Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Moberly

DATE

Nov 20th 193419. UNDERTAKER
(ADDRESS)Mahoney and Son
Moberly Mo

20. FILED

11/20

1934

Virginia Walker
Registrar

MEDICAL CERTIFICATE OF DEATH

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

Nov 19th 1934

22. I HEREBY CERTIFY, That I attended deceased from

Jan 1932, to Nov 18, 1934

I last saw him alive on Nov 15, 1934 Death is said
to have occurred on the date stated above, at 8:50 a.m.

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

Cancer right
Side lobe
52 52
Other contributory causes of importance:

Date of onset

1932

Name of operation X-ray Date of 1935

What test confirmed diagnosis? (Cancer) Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? No 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) W. A. Nagel, M. D.

(Address) Moberly, Mo

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.

THIS IS A PERMANENT RECORD

