

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

Do not use this space.

FEB 26 1935

1982

1. PLACE OF DEATH

County Jewington
Township.....
City Chillicothe (No.)

Registration District No. 505
Primary Registration District No. 3026

File No.
Registered No. 10 St. Ward)

2. FULL NAME

John William Buchanan

(a) Residence, No. 1542 Calhoun St. 1 Ward.

(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 <u>Male</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>Hester cr.</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan 1 - 1872</u>		
7. AGE YEARS <u>63</u>	MONTHS <u>17</u>	DAYS <u>17</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Watch Maker</u>		
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

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 18 1935
22. I HEREBY CERTIFY That I attended deceased from July 1934 to Jan 18 1935
I last saw him alive on Jan 18 1935. Death is said to have occurred on the date stated above, at 9:10 a.m.

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

Cerebral Hemorrhage Date of onset 1935
Other contributory causes of importance:
Stroke

Name of operation..... Date of.....
What test confirmed diagnosis? Cholera 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) A. Collier, M. D.
(Address) Chillicothe Mo.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>	FATHER
	13. NAME <u>Henry Buchanan</u>
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ind.</u>	MOTHER
	15. MAIDEN NAME <u>Emy Bigelow</u>
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u>	
17. INFORMANT <u>Mrs. Hester Buchanan</u> (ADDRESS) <u>Chillicothe Mo</u>	
18. BURIAL, CREATION, OR REMOVAL PLACE <u>Wheeler</u> DATE <u>Jan. 21</u> 19 <u>35</u>	
19. UNDERTAKER <u>F.B. Norman</u> (ADDRESS) <u>Chillicothe Mo</u>	
20. FILED <u>Jan. 19</u> 19 <u>35</u> <u>Donald H. Smith</u> Registrar	

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.

