

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

Do not use this space.

APR 25 1935

10272

89. PLACE OF DEATH  
 County Ray Registration District No. 740  
 Township Crooked River Primary Registration District No. 4442  
 City Harden (No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)  
 2. FULL NAME Mr. George M. Buchanan  
 (a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ 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**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 15, 1935

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

22. I HEREBY CERTIFY, That I attended deceased from Aug 28, 1934 to March 15, 1935

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 24, 1862

I last saw him alive on March 15, 1935 Death is said to have occurred on the date stated above, at 9:30 a.m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. \_\_\_\_\_ min.  
72 7 22

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

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

Locomotor Ataxia  
 Date of onset 5 yrs ago

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Harden, Missouri

Other contributory causes of importance:  
Arteri sclerosis  
Prostatitis  
 Date of onset 10 yrs  
3 yrs

13. NAME Dr. Alexander Buchanan

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

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

15. MAIDEN NAME Laura Hughes

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Richmond, Missouri

17. INFORMANT (ADDRESS) Miss Susie Buchanan, Harden, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Harden Cemetery DATE March 17, 1935

19. UNDERTAKER (ADDRESS) W. Mansur, Richmond, Missouri

20. FILED March 25, 1935 R. W. Wilford Registrar

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.

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
 If so, specify \_\_\_\_\_

(Signed) Marvin Grimm, M. D.  
 (Address) Harden, Mo.

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.

