JUL 19 1935

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

Do not use this space.

File No. 19236

Registered No.

1. PLACE OF DEATH
County Clay — Registration District No.
Township Fishing River — Primary Registration District No.
City Veterans Administration Facility, Excelsior Springs, Mo. (No. St. 3d Ward)

2. FULL NAME BUCK, John L.
(a) Residence, No. Vets. Adm. Facility, Excelsior Springs, Mo. St. Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 0 yrs. 0 mos. 7 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~~ Vida Buck

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 31, 1871

7. AGE: Years 64 — Months 0 — Days 27 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown
10. Date deceased last worked at this occupation (month and year) Unknown
11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Atchison, Kansas

FATHER
13. NAME James H. Buck (deceased)
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

MOTHER
15. MAIDEN NAME Sarah Frost (deceased)
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Johnson County, Mo.

17. INFORMANT Hospital Records (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE Excelsior Springs, Mo. DATE 6-28-35, 19

19. UNDERTAKER Herbert Hope
(ADDRESS) Excelsior Springs, Mo.

20. FILED 6-28, 1935 Mrs. Rea McCracken Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 27, 1935, 19

22. I HEREBY CERTIFY, That I attended deceased from June 20, 1935, 19, to June 27, 1935, 19
I last saw him alive on June 27, 1935, 19 Death is said to have occurred on the date stated above, at 7:10 PM
The principal cause of death and related causes of importance were as follows:

	Date of onset
Typhoid fever	
General peritonitis	

Other contributory causes of importance:
Chronic fibrinous pleurisy bilateral marked; Fatty degeneration of the liver; Mitral disease

Name of operation None Date of —
What test confirmed diagnosis? Exam. & Obs. Was there an autopsy? Yes

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? —
If so, specify
(Signed) H. C. Hardegree
H. C. HARDEGREE, MD, Clinical Director D.
(Address) Vets. Adm. Facility Excelsior Springs, 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

10000-11-24-33