

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

Do not use this space.

OCT 25 1935

30142

1. PLACE OF DEATH

County Missouri Registration District No. 669
Township St. James Primary Registration District No. 5768
City (No. _____) St. _____ Ward _____

2. FULL NAME

James Willard Buford (ex.)
(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 Black 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Hatcharine Buford
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2-21-1889
7. AGE 48 YEARS MONTHS 6 DAYS 10 If LESS than 1 day, _____ hrs. or _____ min.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 1st 1935
22. I HEREBY CERTIFY, That I attended deceased from Aug. 31, 1935, to Aug. 31, 1935.
I last saw him alive on Aug. 31st, 1935. Death is said to have occurred on the date stated above, at 2A m.
The principal cause of death and related causes of importance were as follows:

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

Material Fever
Other contributory causes of importance:
28

MOTHER 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mount Pleasant Tenn.
13. NAME James Buford
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

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

17. INFORMANT Mr James Buford
(ADDRESS) Ok. Grove
18. BURIAL, CREMATION, OR REMOVAL PLACE Charleston DATE 9/1, 1935

24. Was disease or injury in any way related to occupation of deceased?
If so, specify _____
(Signed) A. J. Martin, M. D.
(Address) West Overhill Mo.

19. UNDERTAKER (ADDRESS) 1101 S. Hill St
Chas. H. Proctor
20. FILED 1935 Bufford Registrar.

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.

