

NOV 13 1935

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

Do not use this space.

34849

## 1. PLACE OF DEATH

County Schuyler  
 Township 2  
 City St. Louis (No. 802)

Registration District No. 802  
 Primary Registration District No. 6046

File No. 34849  
 Registered No. 34849  
 St. St. Louis Ward 1

## 2. FULL NAME

Margaret H. Buford

(a) Residence No. St. Louis Ward 1  
 (Usual place of abode)

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

## 4. COLOR OR RACE

## 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

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

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

## 7. AGE

## YEARS

## MONTHS

## DAYS

If LESS than 1 day, ..... hrs. or ..... min.

## 8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.

(b) General nature of industry, business, or establishment in which employed (or employer).

(c) Name of employer

## 9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

## 10. NAME OF FATHER

## 11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

## 12. MAIDEN NAME OF MOTHER

## 13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

## 14.

INFORMANT  
(Address)

## 15.

FILED

REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

## 16. DATE OF DEATH (MONTH, DAY AND YEAR)

17. I HEREBY CERTIFY, That I attended deceased from Sept 11 1935 to Oct 8 1935  
 that I last saw him alive on Oct 8 1935, and that death occurred, on the date stated above, at 10:30 m.

## THE CAUSE OF DEATH\* WAS AS FOLLOWS:

## CONTRIBUTORY (SECONDARY)

## 18. WHERE WAS DISEASE CONTRIBUTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? no DATE OF 1

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) J. B. R. Bridges, M. D.

, 19 1935 (Address) St. Louis

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

## 19. PLACE OF BURIAL, CREMATION, OR REMOVAL

## DATE OF BURIAL

Norwood Oct 10 1935

## 20. UNDERTAKER

## ADDRESS

Lloyd Moore St. Louis

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.

