DEC 11 1935

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

Do not use this space.

35239

1. PLACE OF DEATH

County Buchanan, Registration District No. 85 File No.

Township Primary Registration District No. 1001 Registered No. 1210

City St. Joseph, (No. Missouri Methodist Hospital St. Ward)

2. FULL NAME Charles Jacob Buzard,

(a) Residence, No. 220 South 17th. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 56 yrs. mos. 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): Single,

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb'y. 8. 1879

7. AGE: YEARS 56 MONTHS 9 DAYS 3 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Buchanan Co. Mo.

10. Date deceased last worked at this occupation (month and year) January 1935

11. Total time (years) spent in this occupation 11

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

FATHER

13. NAME Benjamin F. Buzard,

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lima, Ohio,

MOTHER

15. MAIDEN NAME Minnie Richardson,

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, England,

17. INFORMANT (ADDRESS) Frank Buzard 220 South 17th. St.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Mt. Mora Cem. DATE Nov. 23, 1935

19. UNDERTAKER (ADDRESS) Heaton-BeGole & Bowman 319 So. 10th. St. Funeral Home

20. FILED 11-22, 1935 John R. Binder Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 21st, 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct. 27, 1935, to Nov. 21, 1935.

I last saw him alive on Nov. 19, 1935. Death is said to have occurred on the date stated above, at 9:30 pm.

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

Chronic interstitial nephritis arteriosclerosis — Date of onset

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Other contributory causes of importance: Anaemia Nov. 15 1935

Name of operation None Date of

What test confirmed diagnosis? Blood chemistry 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? No

If so, specify

(Signed) S. C. Senor, M. D.

(Address) St. Joseph, 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.

100M-11-24-33