

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

Do not use this space.

36772

DEC 19 1935

1. PLACE OF DEATH

County Monroe Registration District No. 5927
 Township Jefferson Primary Registration District No. 5781B
 City Jefferson (No. _____) St. _____ Ward _____

File No. _____

Registered No. _____

2. FULL NAME

(a) Residence (Usual place of abode) Mary Jane Buffington St. _____ Ward _____
 (If nonresident, give city or town and State)

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

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 20th 1935

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

22. I HEREBY CERTIFY, That I attended deceased from July 26 1931 to Nov-21 1935

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March-8th 1844

I last saw her alive on July 26 1935. Death is said to have occurred on the date stated above, at 6:20 a.m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. _____ min.
91 8 13

The principal cause of death and related causes of importance were as follows:
Arteriosclerosis Date of onset unknown

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

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 _____

Other contributory causes of importance: None

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

13. NAME Daphis C. Reynolds

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont know

15. MAIDEN NAME Rebelleah Goffman

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont know

17. INFORMANT John Borsall (ADDRESS) Stoutsville Mo - RFD

18. BURIAL, CREMATION, OR REMOVAL PLACE Hawkins Cemetery DATE Nov. 22nd 1935

19. UNDERTAKER Wilson & Son (ADDRESS) Monroe City Mo.

20. FILED Dec. 9 1935 Mrs. A. W. Bourman Registrar.

Name of operation _____ Date of _____

What test confirmed diagnosis? Physic Was there an autopsy? no

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) John Borsall, M. D.

(Address) Perry 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.

