

FEB 20 1936

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

Do not use this space.

2227

1. PLACE OF DEATH

County MonroeRegistration District No. 581

Township

Primary Registration District No. 4343City Monroe City (No. _____)

File No. _____

Registered No. 4

St. _____ Ward _____

2. FULL NAME John David Buckner(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)Length of residence in city or town where death occurred 34 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE Negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Ella Buckner6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 8th 18797. AGE YEARS MONTHS DAYS IF LESS than 1 day,hrs. ormin.
56 1 6OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. meat cutter + Butcher10. Date deceased last worked at this occupation (month and year) July 11th 1935 11. Total time (years) spent in this occupation _____12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marion Co Mo.MOTHER 13. NAME David Buckner14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marion Co Mo15. MAIDEN NAME Emma Baxter16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Louisiana Mo.17. INFORMANT Carl Buckner
(ADDRESS) Monroe City Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE St. Jude's Semetary Date Jan 16th 193619. UNDERTAKER Wilson + Son
(ADDRESS) Monroe City Mo.20. FILED 1/15 1936 W. D. Piptkin
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 14th 193622. I HEREBY CERTIFY, That I attended deceased from Jan 14th 1935 to Jan 14th 1936I last saw him alive on Jan 16th 1936 Death is said to have occurred on the date stated above, at 7:15 am

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

Chronic Pancreatitis Date of onset 1934
Perforated Duodenum
Gastric Ulcer

Other contributory causes of importance:

Name of operation None Date of _____What test confirmed diagnosis? None 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? No

If so, specify _____

(Signed) W. D. Piptkin, M. D.(Address) Monroe City, 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.

