

APR 23 1936

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

Do not use this space.

9949

## 1. PLACE OF DEATH

 County Kallas  
 Township Mooney  
 City Halfway (No. \_\_\_\_\_)

 Registration District No. 710  
 Primary Registration District No. 5439

 File No. \_\_\_\_\_  
 Registered No. \_\_\_\_\_  
 St. \_\_\_\_\_ Ward) \_\_\_\_\_

## 2. FULL NAME

Getty J Buchanan
 (a) Residence, No. \_\_\_\_\_ St., \_\_\_\_\_ Ward.  
 (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. (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>F</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Geo. M. Buchanan</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept 13 - 1849</u>		
7. AGE	YEARS <u>86</u>	MONTHS <u>5</u>
	DAYS <u>26</u>	IF LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housekeeper</u>
	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 _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)  
Louisville Kentucky13. NAME  
Getty Buchanan14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)  
" "15. MAIDEN NAME  
" "16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)  
" "17. INFORMANT (ADDRESS)  
Hugh Waller Halfway Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE  
Greenlawn DATE 3-11-3619. UNDERTAKER (ADDRESS)  
L. B. Java Buffalo Mo.20. FILED 3/28/36 1936 E. Stille Benton Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-8 193622. I HEREBY CERTIFY, That I attended deceased from 1-15 1936 to 3-7 1936I last saw him alive on 3-7 1936 Death is said to have occurred on the date stated above, at 5:45 P m.

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

Valvular Heart Lesion Date of onset \_\_\_\_\_

Other contributory causes of importance:

Alcoholism

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 \_\_\_\_\_, 1936

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) J. T. Buchanan, M. D.(Address) Springfield 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.

1951  
C. R. ...

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