

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

Do not use this space.

11653

APR 21 1936

1. PLACE OF DEATH

County Moniteau
Township Fortuna
City Fortuna (No., St. Ward)

Registration District No. 573
Primary Registration District No. 4337

File No.
Registered No. 1

2. FULL NAME Nancy Jane Buzan

(a) Residence, No. Fortuna St. Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 30 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 Female	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) Dec. 23rd. 1843		
7. AGE	YEARS	MONTHS
	92	2
		DAYS
		20
		If LESS than 1 day, hrs. or min.
OCCUPATION	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

12. BIRTHPLACE (CITY OR TOWN) Miller County
(STATE OR COUNTRY) Missouri

13. NAME William Buzan

14. BIRTHPLACE (CITY OR TOWN) Kentucky
(STATE OR COUNTRY)

15. MAIDEN NAME Ann Hall

16. BIRTHPLACE (CITY OR TOWN) Kentucky
(STATE OR COUNTRY)

17. INFORMANT Mrs. Dave Rodner
(ADDRESS) Fortuna, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Newkirk DATE 3/15, 1936

19. UNDERTAKER Janeel - E - Richard
(ADDRESS) Dixon, Mo.

20. FILED 3-14-1936 G. D. Wilson
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **March, 13, 1936**

22. I HEREBY CERTIFY, That I attended deceased from March 6, 1936, to March 13, 1936

I last saw her alive on March 13, 1936. Death is said to have occurred on the date stated above, at 10:40 P.M.

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

Bronchial pneumonia

Date of onset
Mar. 6

Other contributory causes of importance:

Fractured hip

Name of operation none Date of
What test confirmed diagnosis? 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 3/6, 1936

Where did injury occur? home
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury caused by fall
Nature of injury fractured hip

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify

(Signed) G. D. Wilson, M. D.
(Address) Fortuna, 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.

WHITE PAINCIN, WITH UNFADING INK—THIS IS A PERMANENT RECORD

