APR 11 1936

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

Do not use this space.

13393

1. PLACE OF DEATH
County Mo Baptist Hosp. Registration District No. 791
Township Primary Registration District No. 1003
City St. Louis Mo. (No. Mo Baptist Hosp St. Ward)

File No.
Registered No. 3493

2. FULL NAME Joseph N. Buffington
(a) Residence No. Bismark Mo St., N R Ward. Bismarck, Mo.
(Usual place of abode) (If nonresident, give city or town and State)
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.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 24 1881

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
55	0	4	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ozark Oak Flooring Co
10. Date deceased last worked at this occupation (month and year) March 1936
11. Total time (years) spent in this occupation 9

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Shannon Co Mo

FATHER
13. NAME William Buffington
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER
15. MAIDEN NAME Sarah Dean
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee

17. INFORMANT (ADDRESS) Gladys Messer 1608-3rd St. Madison Ill.

18. BURIAL, CREMATION, OR REMOVAL Masonic Cem
PLACE Bismarck Mo DATE 3/30 1936

19. UNDERTAKER (ADDRESS) Lahey Funeral Home Madison Ill

20. FILED 3-31 1936 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/28, 1936

22. I HEREBY CERTIFY, That I attended deceased from 3/22, 1936, to 3/28, 1936
I last saw him alive on Mar 28, 1936. Death is said to have occurred on the date stated above, at 10 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pancreatites, acute, interstitial	3/28/36
Non Traumatic cause unknown	
128	

Other contributory causes of importance:
Hemo. acute adynamic cause unknown
Operation for Pancreatitis
Name of operation Cholecystostomy - App Date of 3/22/36
What test confirmed diagnosis? Op 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) Roland Sheffe, M. D.
(Address) 4500 Olive St

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.

R. S. Kieffer
Taylor & Clare