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

JUN 17 1936

Do not use this space.

22267

18

1. PLACE OF DEATH
County Carter
Township Johnston
City _____ (No. _____, _____ St. _____ Ward.)

Registration District No. 125
Primary Registration District No. 5208

File No. _____
Registered No. 34

2. FULL NAME Emily Jane Buck

(a) Residence, No. _____ St., _____ Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 18 yrs. ___ mos. ___ ds. How long in U. S., if foreign birth? ___ yrs. ___ mos. ___ ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF Lafayette Buck

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug-24-1873

7. AGE
YEARS	MONTHS	DAYS	IF LESS than 1 day, ___hrs. or ___min.
62	9	19	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
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) Wisconsin

13. NAME James Craig Nelson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wisconsin

15. MAIDEN NAME unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

17. INFORMANT Mrs. G. A. Gearhart
(ADDRESS) Hunter Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Hunter DATE 6-14-36, 19__

19. UNDERTAKER Jordan Doniphan
(ADDRESS)

20. FILED June 13, 1936 Alida Ienshaw md Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-13, 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov. 10, 1935, to June 13, 1936

I last saw her alive on June 9, 1936. Death is said to have occurred on the date stated above, at 2:30 m. a.m.

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

Cerebral hemorrhage due to high blood pressure causing Paraplegia.

Date of onset 6,236

Other contributory causes of importance: General arteriosclerosis

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 _____, 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) Dr. John H. Vuhn D.O.
(Address) Hunter, Missouri