

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.

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

Do not use this space.

1. PLACE OF DEATH

County Jasper

Registration District No. 411

File No. 23292

Township Joplin

Primary Registration District No. 2007

Registered No.

City Joplin (No. City of Joplin)

St.

Ward

2. FULL NAME Wm C Buchanan

(a) Residence, No. Wagon

St. MO

Ward.

(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 M

4. COLOR OR RACE W

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) Jan 5 - 1879

7. AGE

YEARS 57

MONTHS 5

DAYS 23

IF LESS than 1 day, hrs. or min.

OCCUPATION

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

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) Joplin Mo.

FATHER

13. NAME Wm Buchanan

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Joplin Mo.

MOTHER

15. MAIDEN NAME Emily Smith

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

17. INFORMANT (ADDRESS) Wm Buchanan

18. BURIAL, CREMATION, OR REMOVAL PLACE First Mt. Burial Co. DATE June 29, 1936

19. UNDERTAKER (ADDRESS) First Mt. Burial Co.

20. FILED 6-29-36

E. D. James Registrar

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY That I attended deceased from June 27, 1936 to June 29, 1936

I last saw the decedent alive on June 28, 1936 Death is said to have occurred on the date stated above, at 8 m.

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

Pneumonia
hemorrhage

Other contributory causes of importance:

Delayed tuberculosis
in advanced stage
large bull lung

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? Yes

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) W. J. Ferguson M. D.
(Address) _____

