

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.

JUL 20 1936

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

Do not use this space.

26166

1. PLACE OF DEATH

County FRANKLIN Registration District No. 293  
Township CALVEY Primary Registration District No. 5416  
City (No. ....) (No. ....) St. .... Ward)

File No. ....  
Registered No. ....

2. FULL NAME CATHERINE BUCHANAN

(a) Residence, No. .... St. .... Ward. (If nonresident, give city or town and State)

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.

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>Wm Buchanan</u>			
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Mar-10-1856</u>			
7. AGE	YEARS <u>80</u>	MONTHS <u>4</u>	DAYS <u>7</u>
	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.	<u>Housewife</u>
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Crestwood  
(STATE OR COUNTRY) County, Mo

FATHER 13. NAME James Phelan

FATHER 14. BIRTHPLACE (CITY OR TOWN) Duane  
(STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Mary Welsh

MOTHER 16. BIRTHPLACE (CITY OR TOWN) Duane  
(STATE OR COUNTRY)

17. INFORMANT Thomas Mangan  
(ADDRESS) Catonsville, Mo

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Catonsville DATE 7-19 1936

19. UNDERTAKER W. H. Reese  
(ADDRESS) Catonsville, Mo

20. FILED 7-19 1936 GE Ross  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-17 1936

22. I HEREBY CERTIFY, That I attended deceased from 7-9-36, 1936, to 7-16-36, 1936

I last saw him alive on 7-16-36, 1936. Death is said to have occurred on the date stated above, at 4:30 P.M.

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

Chronic Myocarditis

Date of onset not known  
Duration several years

Other contributory causes of importance: 730  
Chronic Bronchitis

Name of operation none Date of .....

What test confirmed diagnosis? clinical 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) H. H. Mac, M. D.

(Address) Catonsville, Mo.

