

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

Do not use this space.

3187!

**1. PLACE OF DEATH**

County Tennessee Registration District No. 661  
 Township Little Prairie Primary Registration District No. 8862  
 City Cantersville (No. ....) St. .... Ward)

File No. ....  
 Registered No. 108

**2. FULL NAME**

Tom Buchanan  
 (a) Residence, No. Chute 16 road St. .... Ward. ....  
 (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 Emma Buchanan

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March-14-1893

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
43 5 627

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Tavern

10. Date deceased last worked at this occupation (month and year) Aug. 1886 11. Total time (years) spent in this occupation 1

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cambria Tennessee

13. NAME James Buchanan

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

15. MAIDEN NAME Martha Johnson

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

17. INFORMANT (ADDRESS) Wm. Moran Chute 16 road

18. BURIAL, CREMATION, OR REMOVAL PLACE Little Prairie Cem. DATE 8/20 1936

19. UNDERTAKER (ADDRESS) J. L. La Forge Cantersville Missouri

20. FILED Sept 10, 1936 Leda Martin Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 20 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug. 18 1936 to Aug. 20 1936  
 I last saw him alive on Aug. 20 1936. Death is said to have occurred on the date stated above, at 6:10 a.m.  
 The principal cause of death and related causes of importance were as follows:

Septicemia  
Aug. 17, 1936  
11 1/2 hrs  
 Date of onset

Other contributory causes of importance:  
Infection from tooth

Name of operation ..... 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 ..... 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) P. J. Aguirre, M. D.  
 (Address) Cantersville 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.

