OCT 20 1936

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

Do not use this space.

33543

1. PLACE OF DEATH
County Atchison
Township Clark
City ..... (No. ..... St. ..... Ward)

Registration District No. 17
Primary Registration District No. 5021

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

2. FULL NAME Mrs. Sarah Jane Buchanan

(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 40 yrs. mos. ds. How long in U. S., if of 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 James Buchanan

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 30-1855

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
80	8	26	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired house-wife
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) Smyth Co. Va.

FATHER
13. NAME Wm M. Scott
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Smyth Co. Va.

MOTHER
15. MAIDEN NAME Mary K. Groseclose
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Smyth Co. Va.

17. INFORMANT (ADDRESS) Mrs. J. Y. M. Yonel Fairfax, Mo.

18. BURIAL, ~~CREMATION, OR REMOVAL~~
PLACE English Grove DATE Sept. 28, 1936

19. UNDERTAKER (ADDRESS) H. H. Schooler Fairfax, Mo.

20. FILED Sept 28, 1936 Walter B. Black Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 26, 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept —, 1939, to Sept 26, 1936
I last saw her alive on Sept 25, 1936. Death is said to have occurred on the date stated above, at 9:30 p.m.
The principal cause of death and related causes of importance were as follows:

Hypertension — unknown
Cerebral Hemorrhage — Aug 1936
[illegible]

Date of onset

Other contributory causes of importance:
General arteriosclerosis
Myocarditis

Name of operation none 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 No
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify no
(Signed) M. J. Mulvaina, M. D.
(Address) Fairfax 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.