

APR 8 1937

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

Do not use this space.

1. PLACE OF DEATH

County JacksonRegistration District No. 379Township KawPrimary Registration District No. 1002City Kansas City(No. 3744 Washington)File No. 9477Registered No. 1000

St. _____ Ward _____

2. FULL NAME Andrew Scott Buchanan(a) Residence, No. 3744 Washington St. _____ Ward _____

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 35 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 OFJoyce T, Buchanan6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 18, 1869

7. AGE

YEARS

67

MONTHS

9

DAYS

19

If LESS than 1

day, _____ hrs.
or _____ min.

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.Manager Vaults9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.City Bank10. Date deceased last worked at
this occupation (month and
year) Jan. 1937

11. Total time (years)

spent in this
occupation 7 years

12. BIRTHPLACE (CITY OR TOWN)

Louisville

(STATE OR COUNTRY)

Kentucky

13. NAME

George C. Buchanan

FATHER

14. BIRTHPLACE (CITY OR TOWN)

Louisville

(STATE OR COUNTRY)

Kentucky

MOTHER

15. MAIDEN NAME

Emile Louise DeFarra

16. BIRTHPLACE (CITY OR TOWN)

Louisiana

(STATE OR COUNTRY)

17. INFORMANT

Mrs. Joyce T. Buchanan

(ADDRESS)

3744 Washington

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Cremation

DATE

March 9, 1937

19. UNDERTAKER

D.W. Newcomer's Sons

(ADDRESS)

20. FILED

Mar 9 1937 M. M. Brown

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 7, 1937

22. I HEREBY CERTIFY, That I attended deceased from

Feb. 20, 1937, to Mar 7, 1937I last saw h. alive on Mar 6, 1937. Death is saidto have occurred on the date stated above, at 4:15 P.M.

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

Part. SphygmiaMyocarditis Coronaria 2-15-37930

Other contributory causes of importance:

Arteriosclerosis ofCoronary Arteries 12-36Name 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 _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) J. Shields

, M. D.

(Address) 922 WestK.C. Mo.

WRITE PLAINLY, WITH FADING INK---THIS IS A PERMANENT RECORD

100M-2638
X704

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.

Dr. John G. Sheldon

Commerce Bldg.

Vi 4175