

APR 16 1937

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

Do not use this space.

1. PLACE OF DEATH

County CarterRegistration District No. 146Township PikePrimary Registration District No. 3209City Will Creek

(No.)

St.

Ward)

2. FULL NAME Emma 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 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)

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OFJ.D. Buchanan6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 11, 1857

7. AGE

YEARS

80

MONTHS

2

DAYS

20

If LESS than 1

day, ... hrs.

or min.

OCCUPATION

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

Housewife

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

Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Buchanan Co.
(STATE OR COUNTRY)

MOTHER FATHER

13. NAME

Bill Head

14. BIRTHPLACE (CITY OR TOWN)

North Missouri

(STATE OR COUNTRY)

15. MAIDEN NAME

Did not know

16. BIRTHPLACE (CITY OR TOWN)

North Missouri

(STATE OR COUNTRY)

17. INFORMANT J.D. Buchanan

(ADDRESS)

Will Creek, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Will Creek Chapel DATE April 2, 1937

19. UNDERTAKER

(ADDRESS)

CroyVan Suren, Mo.

20. FILED

Apr. 9, 1937Jessie D. Schlegel

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April - 1 - 1937

22. I HEREBY CERTIFY, That I attended deceased from

, 19, to, 19, to

I last saw h. alive on, 19, Death is said

to have occurred on the date stated above, at, 11:00 p.m.

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

Date of onset

Bronchial AsthmaOther contributory causes of importance: 112

Name of operation

Date of

What test confirmed diagnosis? subjective Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? No Date of injury, 19, toWhere did injury occur? No

(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)

(Address)

W. B. Croy, Coroner
Van Suren, 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.

