CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

APR 22 1937

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

Do not use this space.

1. PLACE OF DEATH
County Morgan
Township Mill Creek
City ..... (No. ....., ... St. ..... Ward)

Registration District No. 953
Primary Registration District No. 5797-B

File No. 3 12729
Registered No. .....

2. FULL NAME Mary Buck
(a) Residence, No. ..... St., ... Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)
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) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Samuel Buck
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 7-1856
7. AGE Years 81 Months 2 Days 14 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. .....
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) Iowa.

FATHER
13. NAME William Taylor
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER
15. MAIDEN NAME Lucinda DeWitt
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Mrs. Walter Hanon Versailles, Mo.
18. ~~BURIAL, CREMATION~~, OR REMOVAL
PLACE Maple Hill Cem DATE March 26 37
19. UNDERTAKER (ADDRESS) C. F. Rapp & Son Stover, Mo.
20. FILED April 10, 1937 Julius A. Cooper Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 24, 1937
22. I HEREBY CERTIFY, That I attended deceased from March 13, 1937, to March 22, 1937
I last saw her alive on March 22, 1937. Death is said to have occurred on the date stated above, at 4 30 a.m.
The principal cause of death and related causes of importance were as follows:
apoplexy — Date of onset Mar 13 37

Other contributory causes of importance: 82a

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) Chas A. Wiest, M. D.
(Address) Stover Mo