

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

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.

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

Do not use this space.

JUN 17 1937

1. PLACE OF DEATH

County Buchanan
Township St Joseph
City St Joseph

Registration District No. _____
Primary Registration District No. _____
(No. State Hospital # 2)

File No. 10488
Registered No. 579
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____
(Usual place of abode)

Calvin C. Buchanan

St. _____ Ward _____

Kansas City, Mo
(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 19 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 Edna Buchanan

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 23-1889

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
47 10 23

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. mechanic
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown
10. Date deceased last worked at this occupation (month and year) Unknown 11. Total time (years) spent in this occupation. ?

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

FATHER 13. NAME Joseph Buchanan

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

MOTHER 15. MAIDEN NAME unknown

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

17. INFORMANT (ADDRESS) Records State Hospital

18. BURIAL, CREMATION, OR REMOVAL PLACE Kansas City, Mo DATE May 16 1937

19. UNDERTAKER (ADDRESS) H. O. Sidenfaden and Son
1802 Union Str. St. Joseph, Mo.
MAY 17 1937

20. FILED _____ 19 _____
A. McArthur
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 16 1937

22. I HEREBY CERTIFY, That I attended deceased from Apr 27 1937 to May 16 1937
I last saw him alive on May 15 1937 Death is said to have occurred on the date stated above, at 1459 a.m.
The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage 5/13/37
Broncho Pneumonia 5/14/37
General Paralysis of Insane

Other contributory causes of importance:
Chinias Was there an autopsy? no

Name of operation _____ Date of _____
What test confirmed diagnosis? _____

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 at City Hospital
(Signed) St. Joseph Hos M. D.
(Address) St Joseph Mo

AUG 14 1957