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.

JUN 18 1937

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

Do not use this space.

File No. 63 19792

1. PLACE OF DEATH
County: Clay — Registration District No. 198
Township: Fishing River — Primary Registration District No. 3011 — Registered No.
City: Excelsior Springs, Mo. (No.) Veterans Administration Facility St. 3rd Ward)

2. FULL NAME: BUCHANAN, Archie

(a) Residence, (Usual place of abode): Vet. Adm. Fac., Excelsior Springs, Mo. Ward. Keytesville, Missouri (If nonresident, give city or town and State)

Length of residence in city or town where death occurred: yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: Colored
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (~~OR WIFE OF~~): Catherine Buchanan

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE: Years 50 — Months 13 — Days 25 — If LESS than 1 day, ...hrs. or ....min.

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Keytesville, Missouri

FATHER
13. NAME: George Buchanan
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Keytesville, Mo.

MOTHER
15. MAIDEN NAME: Mary Guthridge
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Keytesville, Missouri

17. INFORMANT (ADDRESS): Hospital Records

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Keytesville, Mo. DATE: 5-13-37, 19

19. UNDERTAKER (ADDRESS): John C. Prather, Excelsior Springs, Missouri

20. FILED: May 14, 1937 Lorena McCracken, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): May 12, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 12, 1937, to May 12, 1937
I last saw him alive on May 12, 1937. Death is said to have occurred on the date stated above, at 10:45 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Mechanical ileus	

Other contributory causes of importance:

Name of operation: Abdominal Exploratory — Date of: 5-12-37
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) H. C. HARDEGREE, M.D. Clin. Dir. M. D.
(Address) Veterans Adm. Facility, Excelsior Springs, Missouri

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REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH
County Clay — Registration District No. 198 — File No. 19792
Township — Primary Registration District No. 3011 — Registered No.
City Excelsior Spgs (No. , St. Ward)

2. FULL NAME Archie 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: male
4. COLOR OR RACE: Colored
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): married

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE: YEARS 50 — MONTHS 13 — DAYS 22 — If LESS than 1 day, hrs. or min.

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

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

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE DATE 19

19. UNDERTAKER (ADDRESS)

20. FILED May 14, 1937 Lorena McCracken Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 12, 1937

22. I HEREBY CERTIFY, That I attended deceased from , to , 19
I last saw h alive on , 19 Death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:

Mechanical ileus
adhesions associated
with peritonitis

Date of onset

Other contributory causes of importance:

122B

Name of operation 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) H. C. Hardegree, M. D.
(Address) Excelsior Spgs Mo

SUPPLEMENTARY

S-19792