

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

Do not use this space.

JUN 18 1937

19940

1. PLACE OF DEATH
 County Dunklin Registration District No. 289
 Township Cotton Hill Primary Registration District No. 3407
 City ~~Rolla~~ (No. _____) St. _____ Ward _____

2. FULL NAME Still Samuel Buchanan
 (a) Residence, No. _____ St. _____ Ward _____
 (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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Single born
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Still born
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 7, 1937
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
0 0 0 2
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Still born
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Still born
 10. Date deceased last worked at this occupation (month and year) Still born 11. Total time (year) spent in this occupation Still born

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-7-1937
 22. I HEREBY CERTIFY, That I attended deceased from 6-7-1937, to 6-7-1937, 1937
 I last saw her alive on 6-7-1937, 1937 Death is said to have occurred on the date stated above, at 11:00 a.m.
 The principal cause of death and related causes of importance were as follows:
unknown
 Date of onset _____
 other contributory causes of importance: _____

12. BIRTHPLACE (CITY OR TOWN) Cotton Hill Sp. (STATE OR COUNTRY) Dunklin Co Mo
 13. NAME Collis Buchanan
 14. BIRTHPLACE (CITY OR TOWN) Stodard Co (STATE OR COUNTRY) Mo
 15. MAIDEN NAME Eva Gladys Jackson
 16. BIRTHPLACE (CITY OR TOWN) Shelburne (STATE OR COUNTRY) Miss
 17. INFORMANT Collis Buchanan (ADDRESS) Berrie Mo
 18. BURIAL, CREMATION, OR REMOVAL PLACE Berrie Mo DATE 6/8/1937
 19. UNDERTAKER Ma Dail Hopkins (ADDRESS) Berrie Mo
 20. FILED 6/17/1937 S. E. Mitchell Registrar.

Name of operation none Date of _____
 What test confirmed diagnosis? Autopsy Was there an autopsy? Yes
 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) Dawson Ryan, M. D.
 (Address) Berrie Mo

Exact statement of OCCUPATION is very important.

