

OCT 15 1937

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

Do not use this space.

## 1. PLACE OF DEATH

County AudrainRegistration District No. 26Township SaltriverPrimary Registration District No. 3002City Mexico Mo.

(No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

File No. 33545Registered No. 1452. FULL NAME Cora Lee Buckley.(a) Residence, No. 801-E-Love

St. \_\_\_\_\_

Ward. \_\_\_\_\_

(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)

Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF (OR) WIFE OF

James Buckley. dec'd6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 18-1865

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

357251

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

House Keeper

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

Own 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) Kentucky  
(STATE OR COUNTRY)13. NAME Lafeyett Kiethley14. BIRTHPLACE (CITY OR TOWN) Kentucky  
(STATE OR COUNTRY)15. MAIDEN NAME Mary A Dugan16. BIRTHPLACE (CITY OR TOWN) Kentucky  
(STATE OR COUNTRY)17. INFORMANT Drucy Smith  
(ADDRESS) Mexico Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Mexico Elmwood CEMETRY DATE 9-2019. UNDERTAKER H. A. Precht & Son.  
(ADDRESS) Mexico Mo.20. FILED 9-20 1937 Blanche Deely  
Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-19 193722. I HEREBY CERTIFY, That I attended deceased from July 21 1937 to 9-19 1937I last saw her alive on 9-19 1937 Death is saidto have occurred on the date stated above, at 7:50 a.m.

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

Date of onset

Carcinoma of Liver  
hall bladder  
Diverticul end of Stomach  
Primary seat in breast

Other contributory causes of importance:

Carcinoma of left  
breast. Removed Sept 1937

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? X-ray Was there an autopsy? No23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 1937Where 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? NoIf so, specify \_\_\_\_\_  
(Signed) H. W. Van Wynden, M. D.(Address) Mexico, 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.

4  
3  
9OCCUPATION  
MOTHER  
FATHER

