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

NOV 18 1937

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

Do not use this space.

38020

1. PLACE OF DEATH
County: Laclede — Registration District No. 448 — File No.
Township: Union — Primary Registration District No. 6608 — Registered No. 19
City ..... (No. ..... St. ..... Ward)

2. FULL NAME: William J. Buzan
(a) Residence. No. ..... St., ... Ward. Conway Mo
(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: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Eliza E Buzan

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Oct 12-1856

7. AGE: 62 — YEARS: 81 — MONTHS: 11 — DAYS: 6 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Farming Retired
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Versalles Mo.

PARENTS
10. NAME OF FATHER: Allen Buzan
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Louisville KY
12. MAIDEN NAME OF MOTHER: Dicia Keown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Alabama

14. INFORMANT (Address): C W Buzan Conway Mo

15. FILED 11-10, 1937 Ana Montgomery REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Sept 18 1937

17. I HEREBY CERTIFY, That I attended deceased from Aug 1, 1937, to Sept 18, 1937 that I last saw h..... alive on Sept 18, 1937, and that death occurred, on the date stated above, at 8 40 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Oedema of Lungs
131
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY): Chr. Nephritis with oedema of body
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? .....
(Signed) J. W. Lindsay, M. D
, 19 (Address) Conway

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Conway Cem
DATE OF BURIAL: Oct 12 1937

20. UNDERTAKER: Rex Ramsey
ADDRESS: Marshfield