NOV 24 1937

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

Do not use this space.

File No. 39043
Registered No. 299

1. PLACE OF DEATH

County: Vernon
Registration District No.: 875
Township: Center
Primary Registration District No.: 3039
City: Nevada (No. - , St., Ward)

2. FULL NAME John William 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. 2 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*): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): March 26 188 4

7. AGE: Years 53 | Months 7 | Days 5 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Barber
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): Oct 30, 1937
11. Total time (years) spent in this occupation: 39

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Longton Kans

FATHER

13. NAME: John James Buchanan
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): New York City

MOTHER

15. MAIDEN NAME: Martha Alexander
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Bloomington Illinois

17. INFORMANT (ADDRESS): Ray Buchanan Nevada Mo

18. BURIAL, CREMATION, OR REMOVAL: Nevada Cemet DATE Nov 4, 1937

19. UNDERTAKER (ADDRESS): Terry Funeral Home Nevada Mo

20. FILED Nov 3 1937 Allen V. Hayes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Nov 1 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 31, 1937, to Nov. 1, 1937

I last saw him alive on Nov 1 1937. Death is said to have occurred on the date stated above, at 5:00 m.

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

Basilar Skull fracture — Date of onset 10/31/37

Other contributory causes of importance: Shock.

Name of operation: None Date of:
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury: Oct 31, 1937
Where did injury occur? Highway 54 West of Nevada Mo (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Public highway
Manner of injury: Struck by Automobile
Nature of injury: Skull fracture

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify.

(Signed) Roy W. Pearce Jr. M. D.
(Address) Nevada 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.