

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

Do not use this space.

DEC 20 1937

1. PLACE OF DEATH

County Jackson
Township Kaw
City Kansas City (No. 7325)

Registration District No. 399
Primary Registration District No. 1002
Walrond

File No. 40338
Registered No. 40338
St. _____ Ward _____

2. FULL NAME Mrs Gladys Buford

(a) Residence, No. 7325 Walrond St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred 30 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

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Shelby T. Buford</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec. 14, 1893</u>		
7. AGE	YEARS	MONTHS
	<u>43</u>	<u>11</u>
		<u>3</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>		11. Total time (years) spent in this occupation
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)		

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

13. NAME Homer Bagwell

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

15. MAIDEN NAME Esther Smith

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

17. INFORMANT (ADDRESS) Shelby T. Buford
7325 Walrond

18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Hill DATE Nov. 19, 1937

19. UNDERTAKER (ADDRESS) D. W. Newcomer's Sons

20. FILED Nov. 19, 1937 M. M. Crowe
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11/17/37 19

22. I HEREBY CERTIFY, That I attended deceased from _____, 19

I last saw him 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:

Acute pulmonary edema
(Cause undetermined)
Date of onset

Other contributory causes of importance:

Name of operation _____ Date _____

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 related to occupation of deceased?

If so, specify _____

(Signed) [Signature] _____, M. D.

(Address) [Signature]

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 4 1945

Prof. Bell