

DEC 17 1937

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

Do not use this space.

Dr. Sewell
41265

1. PLACE OF DEATH

County Greene Registration District No. 318
Township _____ Primary Registration District No. 2001
City Springfield, Mo. (No. 1512 N. Jefferson) St. _____ Ward _____

File No. _____
Registered No. 1073
St. _____ Ward _____

2. FULL NAME Harold Gilmer Buckner

(a) Residence, No. 1512 N. Jefferson 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. 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 Gladys Williams Buckner

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 23, 1883

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
53 11 19

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

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

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 31

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mexico, Missouri

13. NAME Edward C. Buckner

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

15. MAIDEN NAME Susie Ford

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

17. INFORMANT Mrs. Gladys Buckner
(ADDRESS) Springfield, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Maple Park DATE Nov. 15, 1937

19. UNDERTAKER H.H. Lohmeyer Funeral Home
(ADDRESS) Springfield, Mo.

20. FILED Nov 15 1937 Chas. A. George
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 12, 1937

22. I HEREBY CERTIFY, That I attended deceased from April, 1932 to Nov. 12, 1937
I last saw him alive on Nov. 12, 1937. Death is said to have occurred on the date stated above, at 10:30 p.m.

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

Acute Dehydration of Heart
(Chronic Myocarditis)

Other contributory causes of importance:

Diabetes Mellitus
Arthritis Gouty
Chronic Bronchitis

Name of operation _____ Date of _____

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 in any way related to occupation of deceased? no
If so, specify _____

(Signed) Walter Hamel M. D.

(Address) Springfield, Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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