

DEC 27 1937

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

Do not use this space.

1. PLACE OF DEATH
 County Jackson Registration District No. 718 File No. 42226
 Township Union Primary Registration District No. 6430 Registered No. 33
 City Unionville (No. _____) St. _____ (Ward _____)

2. FULL NAME Permillanor Buckalaw
 (a) Residence, No. Unionville Mo. 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) M

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 24 1870

7. AGE YEARS 67 MONTHS 3 DAYS 19 If LESS than 1 day, _____ hrs. or _____ min.

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

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) _____ 11. Total time (years) spent in this occupation _____

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

13. NAME J. W. Johnson

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

15. MAIDEN NAME Unknown

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

17. INFORMANT Charles Buckalaw
(ADDRESS) Unionville, Missouri

18. BURIAL, CREMATION, OR REMOVAL Burial
PLACE Unionville DATE Nov 14 1937

19. UNDERTAKER H. Husted & Son
(ADDRESS) Unionville, Mo.

20. FILED Nov 18 1937 J. W. Hillman
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 13 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 1937, to Nov 13 1937
 I last saw him alive on Nov 13 1937 Death is said to have occurred on the date stated above, at 2:45 P.M.
 The principal cause of death and related causes of importance were as follows:
Myocarditis
+ Chronic Nephritis

Other contributory causes of importance? None

Name of operation _____ Date of _____
 What test confirmed diagnosis? Ch. Was there an autopsy? No

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) P. Hart, M. D.
 (Address) Troutville, 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.

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