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.

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

Do not use this space.

1
2

1. PLACE OF DEATH

County: Buchanan — Registration District No.: 35 — File No.: 2111

Township: — Primary Registration District No.: 1001 — Registered No.: 92

City: St. Joseph. (No. St. Joseph's Hospital St. Ward)

2. FULL NAME Charles C. Buckles

(a) Residence, No. St., Ward. Vermillion, Kansas
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 17 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Mary I. Buckles

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct, 7, 1872

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	65	3	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Real Estate Dealer

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): Jan, 1938

11. Total time (years) spent in this occupation: Unk.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Russell Co, Va.

FATHER

13. NAME: George Buckles

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unk. Va.

MOTHER

15. MAIDEN NAME: Mary Jessee

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unk. Va.

17. INFORMANT (ADDRESS): Mrs. Mary I. Buckles, Vermillion, Kansas

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Vermillion, Kansas DATE: Jan, 23, 1938.

19. UNDERTAKER (ADDRESS): Walter Mainhoffer, 1302 Faraon St. St. Joseph, Mo.

20. FILED: Jany 22, 1938 H. J. Nestlebush, By J.C. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Jan, 22, 1938, 19

22. I HEREBY CERTIFY, That I attended deceased from Jan 5, 1938, to Jan 22, 1938
I last saw him alive on Jan 21, 1938. Death is said to have occurred on the date stated above, at 3.45 m. A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Peritonitis	Jan 15
Acute Inter lobar Pleurisy	" "

115 B

Other contributory causes of importance:
Above infections sequellae to an abscessed exempted Jan 5 midow tooth.

Name of operation: tooth extraction Date of Jan 13 38
What test confirmed diagnosis? clinical + Xray 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

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24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) [signature], M. D.
(Address) Kirkpatrick Bldg., St. Joseph, Mo.