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. PLACE OF DEATH
41 County Harrison — Registration District No. 334 — File No. 2874
1 Township Bethany — Primary Registration District No. 5465 — Registered No. 7
0 City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME Pearl Fay Buzzard 263
(a) Residence, No. ..... St., ... Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)
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 F
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Willis Buzzard
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7/16/1903
7. AGE YEARS 34 MONTHS 6 DAYS 13 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
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) Harrison Co., Mo. 0

FATHER
13. NAME George T. Athey 0
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri 0

MOTHER
15. MAIDEN NAME Stella J. Miles
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) Willis Buzzard Bethany, Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Morris Chapel DATE 1/31, 1938
19. UNDERTAKER (ADDRESS) S. M. Haas Bethany, Mo.
20. FILED 1-31-, 1938 A. L. Wessling Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/29, 1938
22. I HEREBY CERTIFY, That I attended deceased from 1/23, 1938, to 1/29, 1938
I last saw her alive on 1/29, 1938. Death is said to have occurred on the date stated above, at 8:30 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Parenchymatous nephritis	June 1937

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Other contributory causes of importance:

Name of operation ✓ Date of .....
What test confirmed diagnosis? Urine 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) Ralph L. Walker 5, M. D. 0
302 (Address) Bethany

RECEIVED
FEB 24 1938
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MO. STATE BOARD OF HEALTH

AUG 27 1947