REC'D MAR 14 1938

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

Do not use this space.

1. PLACE OF DEATH
County Adair — Registration District No. 4 — File No. 5912
Township — Primary Registration District No. 3001 — Registered No. 41
City Kirksville (No. ..., ... St. ... Ward)

2. FULL NAME Alan Peterson Buckingham 252
(a) Residence, No. 716 S. Davis 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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 7, 1929

7. AGE — YEARS: 8 — MONTHS: 2 — DAYS: 28 — If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School child
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) Feb 25, 1938
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Berkeley California

FATHER
13. NAME J. D. Buckingham
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kirksville Mo.

MOTHER
15. MAIDEN NAME Lena Frances Peterson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Browning Mo.

17. INFORMANT (ADDRESS) J D Buckingham Kirksville, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Forest Park DATE 3/5/38 19

19. UNDERTAKER (ADDRESS) Davis Funeral Home Kirksville, Mo.

20. FILED Mar. 5 1938 Spencer L. Freeman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3 - 3 - 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb 27th, 1938, to March 3, 1938
I last saw him alive on March 3, 1938. Death is said to have occurred on the date stated above, at 6:30 P.m.
The principal cause of death and related causes of importance were as follows:

Broncho-pneumonia

Date of onset

Other contributory causes of importance: measles

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) C. D. Davis D.O. ~~M.D.~~
(Address) Kirksville, 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.

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD