

REC'D MAR 21 1938

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

Do not use this space.

1. PLACE OF DEATH

County Marion Registration District No. 547
 Township Marion Primary Registration District No. 3019
 City Hannibal (No. St Elizabeth Hospital)

File No. 7405
 Registered No. 42
 St. _____ Ward _____

2. FULL NAME

Mary Buckman 255
 (a) Residence, No. SP#1 Monroe City Mo 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan. 20 - 1938</u>		
7. AGE YEARS <u>Stillborn</u>	MONTHS <u>-</u>	DAYS <u>-</u>
If LESS than 1 day, hrs. or min.		

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

12. BIRTHPLACE (CITY OR TOWN) Hannibal (STATE OR COUNTRY) Mo13. NAME Ralph Buckman14. BIRTHPLACE (CITY OR TOWN) Monroe County (STATE OR COUNTRY) Mo15. MAIDEN NAME Ilse Luetterbach16. BIRTHPLACE (CITY OR TOWN) Monroe County (STATE OR COUNTRY) Mo17. INFORMANT Mr Ralph Buckman (ADDRESS) SP#1 Monroe City Mo18. BURIAL, CREMATION, OR REMOVAL
PLACE Indian Creek Cem. DATE Jan - 21 - 193819. UNDERTAKER James O'Honnell (ADDRESS) Hannibal Mo20. FILED 7/9 1938 St. C. Fisher Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 20th - 1938

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw h _____ alive on _____, 19____ Death is said

to have occurred on the date stated above, at 3 P. m.

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

Stillborn

Other contributory causes of importance:

Electrocution - extremeHaemorrhage

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? _____

If so, specify _____

(Signed) W. Draney, M. D.(Address) Hannibal Mo

498

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.

