REC'D MAR 22 1938

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

Do not use this space.

1. PLACE OF DEATH
County Newton
Township
City Seneca (No. ..... St. ..... Ward)

Registration District No. 611
Primary Registration District No. 5812

File No. 7586
Registered No.

2. FULL NAME James Ellis Buzzard 2.63

(a) Residence, No. ..... 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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 26-1878

7. AGE: Years 59 Months 6 Days 29 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
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) Seneca Missouri

FATHER

13. NAME Francis M. Buzzard
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

MOTHER

15. MAIDEN NAME Mary A. Watson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) Mary A. Buzzard Seneca Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Buzzard Cemetery DATE 2-27 1938

19. UNDERTAKER (ADDRESS) Bill Buzzard Seneca Mo.

20. FILED Feb 27 1938 Merle Sparlin Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 25 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb 15 1938 to Feb. 25 1938
I last saw him alive on Feb 15 1938. Death is said to have occurred on the date stated above, at 4-45 PM.
The principal cause of death and related causes of importance were as follows:

Angina Pectoris — Date of onset

NH

Other contributory causes of importance:

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) J. B. Dicenilles, M. D.
(Address) Seneca Mo.

CAUSE OF DEATH may be properly classified only when medical terms are used. Exact statement of OCCUPATION is very important.