

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.

REC'D APR 20 1938

11315

1. PLACE OF DEATH

County Lewis Registration District No. 481
Township _____ Primary Registration District No. 4290
City Lewistown (No. _____) St. _____ Ward _____

File No. _____

Registered No. _____

2. FULL NAME

Cynthia Ana Buckner 256

(a) Residence, No. _____ St. _____ Ward _____
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 14, 1949

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
88 11 17

8. Trade, profession, or particular kind of work done, as splinner, sawyer, bookkeeper, etc. at home
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) Van Buren County Iowa

13. NAME Samson S. Martin

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

15. MAIDEN NAME Dorinda Wells

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

17. INFORMANT Mrs. D.H. Palmer
(ADDRESS) Lewistown Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Lewistown Mo DATE April 3 1938

19. UNDERTAKER James A. Coder
(ADDRESS) Lewistown, Missouri

20. FILED 4.1 1938 James A. Coder
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 31 1938

22. I HEREBY CERTIFY, That I attended deceased from January 30, 1938, to March 31, 1938

I last saw her alive on March 31, 1938. Death is said to have occurred on the date stated above, at 10:30 p.m.
The principal cause of death and related causes of importance were as follows:

Apoplexy

Date of onset
Jan
30

Other contributory causes of importance:
Senility

Name of operation None Date of _____
What test confirmed diagnosis? None 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) Harry S. Mc. Proctor, D.O.
(Address) Lewistown, Missouri

Lewis

Lewis

Lyndie Ann Backner

Boone

Whitney

Carol C. Backner

April 14, 1968

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11

14

at home

W. H. Hester County
Louis.

Thomas S. Lewis

Virginia

Richard J. Lewis

Virginia

Backner

April 8 1968

Backner

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