

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.

REC'D SEP 16 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

28435

Do not use this space.

1. PLACE OF DEATH

(a) County Butler Registration District No. 89
 (b) Township _____ Primary Registration District No. 3007 Registered No. 150
 (c) City Poplar Bluff (d) Street No. Brandon Hospital St. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Shirley Joyce Buchanan
 (a) Residence, No. Chilton, Mo. St. ☐ (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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) July 22 1927
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
11 - 25
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. School girl
 9. Industry or business in which work was done, as 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) Detroit
 (STATE OR COUNTRY) Michigan

13. NAME E. L. Buchanan

14. BIRTHPLACE (CITY OR TOWN) Carter County
 (STATE OR COUNTRY) Missouri

15. MAIDEN NAME Lillian Kreehn

16. BIRTHPLACE (CITY OR TOWN) St. Louis
 (STATE OR COUNTRY) Missouri

17. INFORMANT E. L. Buchanan
 (ADDRESS) Chilton, Mo.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Van Buren DATE Aug 19, 1938

19. FUNERAL DIRECTOR Greer-Cross Service
 (ADDRESS) Poplar Bluff, Mo.

20. FILED 8/19, 1938 Obituary
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 17, 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug 16, 1938, to Aug 17, 1938
 I last saw her alive on Aug 17, 1938. Death is said to have occurred on the date stated above, at 6 P. M.
 The principal cause of death and related causes of importance were as follows:

Pulmonary Embolism Date of onset 8/17/38

Other contributory causes of importance:

Perforated Peyerian appendicitis 8/18/38
Acute peritonitis 8/15/38

Name of operation (Appendectomy) drainage Date of operation 8/16/38
 What test confirmed diagnosis? Operation 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) Carl G. Qualls, M. D.
Poplar Bluff, Mo.

STATEMENT BY LICENSED EMBALMER

I, Grover W. Greer, Licensed Embalmer No. 2964

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed

Grover W. Greer

Licensed Embalmer No. 2964

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)