

REC'D FEB 20 1939

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

1276

Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
(b) Township New Primary Registration District No. 1002 Registered No. 289
(c) City H.C. (d) Street No. Vineyard Park Hopt. 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 Willie May Buford

(a) Residence, No. 1419 Mahachi 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 <u>fe</u>	4. COLOR OR RACE <u>wh</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Evan Y. Buford</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan 6, 1898</u>		
7. AGE YEARS <u>41</u>	MONTHS <u>0</u>	DAYS <u>16</u>
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Housewife</u>		11. Total time (years) spent in this occupation
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)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo. 0</u>		
FATHER	13. NAME <u>unknown 9</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown 9</u>	
MOTHER	15. MAIDEN NAME <u>unknown</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u>	
17. INFORMANT <u>Mr. Opal Anney</u> (ADDRESS) <u>7115 Prospect</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Greenland Cemetery</u> DATE <u>1-25-39</u>		
19. FUNERAL DIRECTOR (NAME) <u>H. T. Tolman</u> (ADDRESS) <u>H.C. Mo.</u>		
20. FILED <u>Jan 24, 1939</u> <u>m. m. Brown</u> Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan - 22 - 1939

22. I HEREBY CERTIFY, that I attended deceased from Jan 20 1939, to Jan - 22, 1939
I last saw her alive on Jan 22, 1939. Death is said to have occurred on the date stated above, at 3 a. m.
The principal cause of death and related causes of importance were as follows:

Peritonitis of right ovary (non-tubercular) 1-1-38
gynec.

Date of onset

Other contributory causes of importance:

Gallstones 1938?
Name of operation Laparotomy Date of 1-25-39
What test confirmed diagnosis? Biopsy 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? _____
If so, specify _____
(Signed) H. T. Tolman, M. D.
(Address) 7115 Prospect

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.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.)

If this body is not embalmed, above space should be left blank.