

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

Do not use this space.

19267

1. PLACE OF DEATH

39 County Greene
Township Murray
City — (No. —)

Registration District No. 323
Primary Registration District No. 5448

File No. —
Registered No. 9
St. — Ward —

2. FULL NAME

(a) Residence, No. — St. — Ward. Rt. 2, Hillard, Mo.
(Usual place of birth) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 6 yrs. 10 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 —

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1-7-1875

7. AGE YEARS 57 MONTHS 5 DAYS 14 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. Usual
10. Date deceased last worked at this occupation (month and year) 4-20-32 11. Total time (years) spent in this occupation 25

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N. Carolina

13. NAME W. J. Buckner

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N. Carolina

15. MAIDEN NAME Rebecca Sprinkle

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N. Carolina

17. INFORMANT Mrs. W. J. Buckner (ADDRESS) Rt. 2, Hillard, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Brighton Cem. DATE 6/24/32

19. UNDERTAKER W. T. Linsner & Co. (ADDRESS) Springfield, Mo.

20. FILED June 23, 1932 E. H. Greenwood Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-22-1932

22. I HEREBY CERTIFY, That I attended deceased from 2-5-1932 to 6-22-1932

I last saw him alive on 6-19-1932 Death is said to have occurred on the date stated above, at 10:15 m.

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

Carcinoma of sigmoid & descending colon
Colostomy in April 1931.
Date of onset

Other contributory causes of importance:

Age
122B ①

Name of operation — Date of —

What test confirmed diagnosis? Colon 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 —

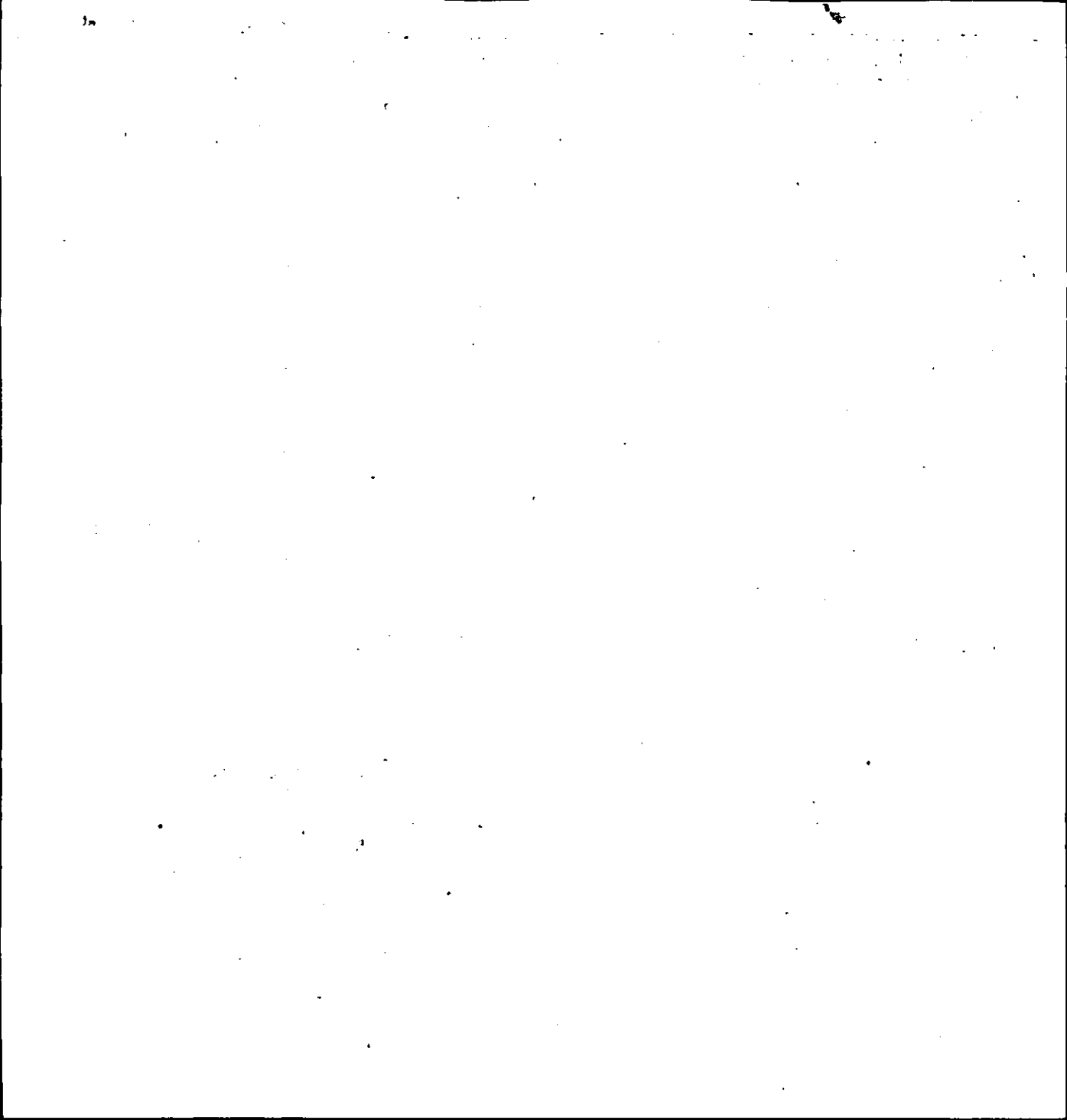
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify —

(Signed) B. J. H. Middle, M. D.

(Address) Rt. 2, Hillard, Mo.



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