

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.

1. PLACE OF DEATH

County ColeRegistration District No. 213Township GallopPrimary Registration District No. 3014City Gallop(No. 1)

25991

File No. 203Registered No. 203St. Mo. Ward 1

2. FULL NAME

(a) Residence, No. Elizabeth BuchnerSt. Mo. Ward 1

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 F4. COLOR OR RACE W5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF None6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 15 - 1867

7. AGE

YEARS 73MONTHS 9DAYS 1

If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. as above10. Date deceased last worked at this occupation (month and year) Oct 15 - 186711. Total time (years) spent in this occupation as above12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cole Co Mo

FATHER

13. NAME Robert H. Buchner14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

MOTHER

15. MAIDEN NAME as informant16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo17. INFORMANT (ADDRESS) Frank Hamilton

18. BURIAL, CREMATION, OR REMOVAL

PLACE GallopDATE July 11 193619. UNDERTAKER (ADDRESS) Lawrence20. FILED 7-14-1936Registrar W. B. Cooper

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 9 193622. I HEREBY CERTIFY, That I attended deceased from 9-12-1936 to 7-9-1936I last saw him alive on 7-9-1936 Death is said to have occurred on the date stated above, at 4 P. m.

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

arteriosclerosis
chronic myocarditis
930

Other contributory causes of importance:

coronary occlusion
7-9-36

Name of operation..... Date of.....

What test confirmed diagnosis?..... 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) Dr. L. L. Latham

M. D.

(Address) Jefferson City Mo

