

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

Do not use this space.

24905

1. PLACE OF DEATH

County *St. Francois*

Registration District No. *773*

Township *2*

Primary Registration District No. *4464*

City *Farmington Mo.* (No. *1*)

File No. *97*

Registered No. *97*

St. *4* Ward

2. FULL NAME

Catherine Buckner

(a) Residence. No. *4* St. *4* Ward *4*

(Usual place of abode)

(If nonresident give city or town and State)

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

F

4. COLOR OR RACE

W

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Widow

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

J. J. Buckner

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

Aug. 17, 1856

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, *hrs.* or *min.*

71

10

17

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

at Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

St. Genevieve Mo.

10. NAME OF FATHER

Jno. Watts

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Ill.

12. MAIDEN NAME OF MOTHER

M. H. Perring

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Madison County Mo.

14.

INFORMANT (Address)

Mrs. Ida Green Farmington Mo.

15.

FILED *7-5-28* 19*28*

T. J. Robinson

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR)

July 4-1928

17.

I HEREBY CERTIFY, That I attended deceased from *Jan*, 19*28*, to *July 4-* 19*28*, that I last saw him alive on *July 3-* 19*28*, and that death occurred, on the date stated above, at *3- A* m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Carcinoma of breasts (2)
Both mammary glands.

CONTRIBUTORY (SECONDARY)

(duration) *3 yrs* yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

at place of death

DID AN OPERATION PRECEDE DEATH?

DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

Physical findings

(Signed)

T. J. Robinson, M. D.

7-5-1928 (Address)

Farmington Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Parkview Cemetery

7-5-1928

20. UNDERTAKER

ADDRESS

Jno. Wiener

St. Louis Mo.

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.

