

FEB 11 1936

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

Do not use this space.

3256

1. PLACE OF DEATH

County..... Registration District No. 201
Township..... Primary Registration District No. 1002
City St Louis (No. Christian Hospital)

File No.....
Registered No. 485
St. Ward)

2. FULL NAME

(a) Residence, No. 3811 2723 028 St. 20 Ward.
(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 <u>Female</u>	4. COLOR OR RACE <u>white</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>Jacob Buffington</u>		6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct 24 1883</u>		
7. AGE	YEARS <u>52</u>	MONTHS <u>2</u>	DAYS <u>19</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>			
	9. Industry or business in which work was done, as silk mill, 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) (STATE OR COUNTRY) <u>Piedmont Mo</u>				
FATHER	13. NAME <u>John Mann</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>			
MOTHER	15. MAIDEN NAME <u>Sarah Seal</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>			
17. INFORMANT <u>Jacob Buffington</u> (ADDRESS) <u>3811 2723 028</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Amador's Mt.</u> DATE <u>Nov. 15 1936</u>				
19. UNDERTAKER <u>Biederman Funeral Home</u> (ADDRESS) <u>1936 St. Louis Ave</u>				
20. FILED <u>JAN 14 1936</u> <u>J. P. Bredeck</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 13 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 11 1936 to Jan 13 1936
I last saw her alive on Jan 12 1936 Death is said to have occurred on the date stated above, at 8:00 A.M.
The principal cause of death and related causes of importance were as follows:
Alse
Date of onset 25

Other contributory causes of importance:
Dysentery, Peritonitis, Phlegm
Dependent

Name of operation Appendectomy Date of 1/16/36
What test confirmed diagnosis? Pathology Was there an autopsy? Yes

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) Paul Benedict, M. D.
(Address) 3919 W. Howard

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

MEMORANDUM FOR THE DIRECTOR, FBI

DATE: 11/15/54

TO: SAC, NEW YORK

FROM: SAC, NEW YORK

SUBJECT: [Illegible]

RE: [Illegible]

[Illegible]

[Illegible]

[Illegible]

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