

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.

JUL 22 1933

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County Brown
 Township Acadia
 City Clinton (No. 4230)

Registration District No. 391
 Primary Registration District No. 55460

File No. 19582
 Registered No. 29
 St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widow
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF Samuel Buford
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 4, 1853
 7. AGE YEARS 80 MONTHS 2 DAYS 27 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
 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) Virginia13. NAME Ballard H. Barger14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia15. MAIDEN NAME Mary Elster16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia17. INFORMANT Mrs. Ada Elster (ADDRESS) Clinton Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Clinton Mo DATE June 3, 1933

19. UNDERTAKER Samuel White & Son (ADDRESS) Clinton Mo20. FILED June 13, 1933 R. A. Rasche Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 1st, 193322. I HEREBY CERTIFY, That I attended deceased from Sept, 1933 to June 1, 1933I last saw him alive on June 1, 1933 Death is saidto have occurred on the date stated above, at 6 P. m.

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

Uremia - Nephritis Date of onset _____9301220 A930

Other contributory causes of importance:

MyocarditisName of operation Mary Date of _____What test confirmed diagnosis? H 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) Thomas W. G. M. D.(Address) Clinton Mo

