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.

REC SEP 12 1938

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

Do not use this space.

27076

Registration District No. 1003 — File No. 7090

Primary Registration District No. 791 — Registered No.

1. PLACE OF DEATH

County ..... Township .....

City St. Louis Missouri (No. Missouri Baptist Hospital St. Ward)

2. FULL NAME Buchanan · Mrs Ida 2.5?

(a) Residence, No. ..... St., N.R. Ward. Flat River Missouri.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. 2 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) |
|---|---|---|
| Female | White | Married |

5A. IF MARRIED, WIDOWED, OR DIVORCED — HUSBAND OF (OR) WIFE OF: Westley Buchanan

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June 15, 1877

| 7. AGE | YEARS | MONTHS | DAYS | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 61 | 1 | 24 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House wife

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): July 1938

11. Total time (years) spent in this occupation: 0

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Dent County Missouri. 0

FATHER

13. NAME: James Eaves 0

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Dent County Missouri.

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Dent County Missouri

17. INFORMANT (ADDRESS): Edward Buchanan 919 N. Taylor Ave.,

18. BURIAL, CREMATION, OR REMOVAL

PLACE Flat River Mo. DATE Aug 12, 1938

19. UNDERTAKER (ADDRESS): Albert H. Hoppe Inc. 429 N. Euclid.

20. FILED AUG 16 1938 J. F. Bredeck Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Aug 9 - 1938.

22. I HEREBY CERTIFY, That I attended deceased from aug 7, 1938, to aug 9th, 1938

I last saw h[illegible] alive on aug 9, 1938. Death is said to have occurred on the date stated above, at 8 ..... m.

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

| | Date of onset |
|---|---|
| Peritonitis due to ruptured appendix | |

Other contributory causes of importance:

| | |
|---|---|
| diabetes | |

Name of operation None Date of

What test confirmed diagnosis? Path Wo[illegible] 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? No.

If so, specify .....

(Signed) Anderson Tabbott M. D.

(Address) Metrop Bldg St Louis

# MEDICAL CERTIFICATE FOR DEATH

## PARTICULARS OF DEATH

## MEDICAL CERTIFICATE