

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 8 - 1937

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH 791

Do not use this space.

1. PLACE OF DEATH

County Registration District No. **1003**
Township Primary Registration District No.
City **St. Louis, Mo.** (No. **St. Lukes Hospital**)

File No. **22251**
Registered No. **6003**
St. Ward)

2. FULL NAME **Cor* Isabella Buchanan**

(a) Residence, No. St. **nr** Ward. **California, Mo.**
(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 OF (OR) WIFE OF Thomas Jerome Buchannn				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 8th, 1870				
7. AGE	YEARS 66	MONTHS 8	DAYS 10	IF LESS than 1 day, hrs. or min.
OCCUPATION 899	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home			
	10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation			
12. BIRTHPLACE (CITY OR TOWN) Bunceton, Missouri (STATE OR COUNTRY)				
FATHER	13. NAME Charles Halbert Allison			
	14. BIRTHPLACE (CITY OR TOWN) Wytheville, Virginia (STATE OR COUNTRY)			
MOTHER	15. MAIDEN NAME Amenda Adams			
	16. BIRTHPLACE (CITY OR TOWN) Booneville, Missouri (STATE OR COUNTRY)			
17. INFORMANT Mrs. Geraldine Parker (ADDRESS) 5046 Washington				
18. BURIAL, CREMATION, OR REMOVAL PLACE California, Mo. DATE June 20th , 19 37				
19. UNDERTAKER Albert H. Honne Inc. (ADDRESS) 429 N. Euclid Avenue				
20. FILE JUN 21 1937 J. Bredeck Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **June 18th 1937**

22. I HEREBY CERTIFY, That I attended deceased from **1936** to **June 18**, 19**36**
I last saw h. **or** alive on **6/15**, 19**37**. Death is said to have occurred on the date stated above, at **4:45** P.M.
The principal cause of death and related causes of importance were as follows:
Adeno carcinoma of uterus
Multiple metastases
Vesico-vaginal fistula
Acte - v. v. v.
Date of onset

Other contributory causes of importance:
Multiple metastases
Vesico-vaginal fistula
Acte - v. v. v.

Name of operation **Rodriguez & Gray** Date of **1936**
What test confirmed diagnosis? **P. H. Rep.** Was there an autopsy? **no**

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? **no** 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 **no**
(Signed) **R. H. Hossen**, M. D.
(Address) **65 Harrison Ave.**

