

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.

NOV 28 1931

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

Do not use this space.

35686

1. PLACE OF DEATH

County St. Louis Registration District No. 1170 File No. _____
 Township _____ Primary Registration District No. 6248B Registered No. 235
 City Central (No. 1) St. Marys Hospital St. _____ Ward _____

2. FULL NAME

Nell Buchanan
 (a) Residence, No. near Mason Ward. no.
 (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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 1 - 1869

7. AGE YEARS 62 MONTHS 5 DAYS 4 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home

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) Illinois

FATHER 13. NAME Richard Fitzgerald

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

MOTHER 15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Charles L Buchanan California Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE California Mo DATE 10/6 1931

19. UNDERTAKER (ADDRESS) Arthur J. Donnelly, Huber 3846 Linden Road

20. FILED Oct 5 1931 L. J. Jensen Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 5 1931

22. I HEREBY CERTIFY, That I attended deceased from Oct 3 1931, to Oct 5 1931

I last saw her alive on Oct 5 1931. Death is said to have occurred on the date stated above, at 4 P m.

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

Nephritis
132A
11B 132

Date of onset Sept 27 1931

Other contributory causes of importance: Anemia

Name of operation _____ Date of _____
 What test confirmed diagnosis? Laboratory 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 _____

(Signed) M. A. Bliss M. D.
 (Address) 301 Humboldt Blvd

