

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.

JAN 26 1934

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

Do not use this space.

40781

1. PLACE OF DEATH

County Montgomery Registration District No. 571
 Township Walter Primary Registration District No. 4933
 City California (No. _____) St. _____ Ward _____

File No. _____
 Registered No. 96

2. FULL NAME Tom J. Buchanan

(a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|---|----------------------------------|---|
| 3. SEX <u>male</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>Cona Allison Buchanan</u> | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 21 - 1862</u> | | |
| 7. AGE YEARS <u>71</u> | MONTHS <u>5 1/2</u> | DAYS <u>11 1/2</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>Druggist</u> |
| | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>store</u> |
| | 10. Date deceased last worked at this occupation (month and year) <u>Dec 1933</u> |
| | 11. Total time (years) spent in this occupation <u>50</u> |

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) California
Shannon U.S.A.

13. NAME Thos. James Buchanan

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

15. MAIDEN NAME Annie O'Rilly

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Manor Hardisty
Ireland

17. INFORMANT Charles B. Parker - Daughter
 (ADDRESS) 524 E. - 1st St. - St. Louis

18. BURIAL, CREMATION, OR REMOVAL PLACE Catholic cemetery DATE Dec 15 - 1933

19. UNDERTAKER William & Sons
 (ADDRESS) California

20. FILED 12-17-1933 H. R. Poppey
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-13-1933

22. I HEREBY CERTIFY, That I attended deceased from Neuro, 19____
 I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 2:30 P.M.
 The principal cause of death and related causes of importance were as follows:

Angina Pectoris Date of onset _____

Other contributory causes of importance: None

Name of operation None Date of _____
 What test confirmed diagnosis? Physical 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) H. R. Poppey Coroner
 (Address) California

