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

Do not use this space.

1. PLACE OF DEATH
68 County Moniteau Registration District No. 576 File No. 6548
Township Willowfork Primary Registration District No. 4339 Registered No.
City (No. St. Ward)

2. FULL NAME Ina Mae Buzan

(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): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Robert L. Buzan
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): April 23-1869
7. AGE: YEARS 63, MONTHS 9, DAYS 8. If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
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): 1-31-33
11. Total time (years) spent in this occupation: Life

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

FATHER
13. NAME: James Crosswhite
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri.

MOTHER
15. MAIDEN NAME: Anna Ross
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Morgan County Missouri,

17. INFORMANT: R.L.Buzan (ADDRESS): Tipton, Missouri.
18. BURIAL, CREMATION, OR REMOVAL PLACE: Moreau DATE: 2-2-33, 19
19. UNDERTAKER: Jewell E. Richards (ADDRESS): Tipton Mo.
20. FILED 2-2, 1933 Mrs Sarah [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 2/1, 1933
22. I HEREBY CERTIFY, That I attended deceased from Jan 14, 1933 to Febuary 1, 1933
I last saw her alive on Feb 1, 1933. Death is said to have occurred on the date stated above, at 8 a.m.
The principal cause of death and related causes of importance were as follows: Date of onset
Acute Indigestion
9VA
11ac
Other contributory causes of importance: Valvular Insufficiency
Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?
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) D. H. Redmon, M. D.
(Address)

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.
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

1853 235