

MAY 22 1936

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

Do not use this space.

1. PLACE OF DEATH

County Moniteau
Township _____
City California (No. _____)

Registration District No. 571
Primary Registration District No. 4335

File No. 16077
Registered No. 26
St. _____ Ward _____

2. FULL NAME James David Buzan

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)
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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April, 3, 1861

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
75 0 11

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. (retired)

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

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

13. NAME John Buzan

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

15. MAIDEN NAME Jane Sousley

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

17. INFORMANT A. L. Finley
(ADDRESS) Tipton, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Tipton, Mo DATE April 16, 1936

19. UNDERTAKER Jessie E. Richards
(ADDRESS) Tipton Mo

20. FILED 4-16-1936 H. R. Popejoy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April, 14, 1936

22. I HEREBY CERTIFY, That I attended deceased from 4-9-1936 to 4-14-1936
I last saw him alive on 4-14-1936 Death is said to have occurred on the date stated above, at 10: P.M.

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

Apoplexy
Sudden
Cause unknown

Date of onset

Other contributory causes of importance:

Name of operation None Date of _____
What test confirmed diagnosis? Chloro 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? NO
If so, specify _____, M. D.
(Signed) H. R. Popejoy
(Address) California Mo

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.

