

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

Do not use this space.

41611

1. PLACE OF DEATH

County Mainton
Township Shelbourn
City (No. _____) _____

Registration District No. 573
Primary Registration District No. 4337

File No. _____
Registered No. 9 St. _____ Ward _____

2. FULL NAME

William Paton Buzon

(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 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M</u>	4. COLOR OR RACE <u>W</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>Liza Buzon</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct. 31 1848</u>				
7. AGE	YEARS <u>83</u>	MONTHS <u>1</u>	DAYS <u>29</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>retired</u>			
	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	

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 30 1931
22. I HEREBY CERTIFY, That I attended deceased from Dec 27, 1931, to Dec 28, 1931.
I last saw him alive on Dec 28, 1931. Death is said to have occurred on the date stated above, at 30 m.

The principal cause of death and related causes of importance were as follows:
Chronic Nephritis Date of onset Oct 31
131
137 131
Other contributory causes of importance:
Prostatitis

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Miller Co Mo.</u>
	13. NAME <u>William Buzon</u>
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>
	15. MAIDEN NAME <u>Anna Hall</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>
17. INFORMANT <u>Wm Buzon</u> (ADDRESS) <u>Fortuna</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>New York</u> DATE <u>Dec 31 1931</u>	
19. UNDERTAKER <u>Kidwells</u> (ADDRESS) <u>Fortuna</u>	
20. FILED <u>Dec 31 1931</u> <u>G. S. Wilson</u> Registrar.	

2. Name of operation _____ Date of _____
What test confirmed diagnosis? _____ 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? No
If so, specify _____
(Signed) G. S. Wilson, M. D.
(Address) Fortuna

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN 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

