

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

Do not use this space.

22738

1. PLACE OF DEATH

County..... Registration District No. 791
 Township..... Primary Registration District No. 1003
 City St. Louis Mo (No. 4123, Bear Ave)
 St. Ward

File No.
 Registered No. 6146
 St. Ward

2. FULL NAME

William J. Buchanan
 (a) Residence. No. 4123 Bear Ave. St. 10 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 <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		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Feb. 15-1879</u>		
7. AGE	YEARS	MONTHS
	<u>50</u>	<u>3</u>
		19
		If LESS than 1 day,hrs. ormin.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. File Letter
 (b) General nature of industry, business, or establishment in which employed (or employer).
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

Ills.
 (STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER	<u>John Buchanan</u>
11. BIRTHPLACE OF FATHER (CITY OR TOWN)	<u>St. Louis</u>
12. MAIDEN NAME OF MOTHER	<u>Nancy Glenn</u>
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)	<u>Ohio</u>

14. INFORMANT

Lulu Buchanan
 (Address) 4123 Bear Ave.

15. FILED

May 6 1929
W. C. Starkoff
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 4th 1929

17. I HEREBY CERTIFY, That I attended deceased from Nov 1 1927, to June 4 1929 that I last saw him alive on June 3 1929, and that death occurred, on the date stated above, at 1:30 P.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma (Oesophagus)

4 1/2 yrs. mos. ds. (duration)
 CONTRIBUTORY (SECONDARY) 4 1/2 yrs. mos. ds. (duration)

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH.....
 DID AN OPERATION PRECEDE DEATH?..... DATE OF.....
 WAS THERE AN AUTOPSY?.....
 WHAT TEST CONFIRMED DIAGNOSIS Membrane Cell determination
 (Signed) Wm. Parker M. D.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL St. Peters DATE OF BURIAL June 7 1929

20. UNDERTAKER By Leidner and Co. St. Market St. ADDRESS 1417

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.

Abundant