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.

SEP 21 1931

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

Do not use this space.

27584

1. PLACE OF DEATH

County Buchanan — Registration District No. 85 — File No. 27584

Township — Primary Registration District No. 1001 — Registered No. 893

City St. Joseph, (No. 1007 Church St. Ward)

2. FULL NAME Bertha Rose Buckman,

(a) Residence, No. 1007 Ridenbaugh St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 55 yrs. 8 mos. 10 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): Single,

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) December 17, 1875

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
55	8	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Milliner,
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retail
10. Date deceased last worked at this occupation (month and year) 1927.
11. Total time (years) spent in this occupation 7

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Saint Joseph, Missouri,

FATHER

13. NAME Charles Henry Buckman
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hardin County, Kentucky,

MOTHER

15. MAIDEN NAME Martha Quiggins
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Elizabethtown, Kentucky,

17. INFORMANT (ADDRESS) Victor Buckman 1007 Ridenbaugh Street,

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt. Olivet Cem DATE Aug. 29th 1931

19. UNDERTAKER (ADDRESS) Keaton-Belfole & Bowman 319 S. 10th. St. Funeral Home

20. FILED AUG 28 1931 John R. Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 27, 1931

22. I HEREBY CERTIFY, That I attended deceased from Aug 20, 1931, to Aug 27, 1931

I last saw her alive on Aug 27, 1931. Death is said to have occurred on the date stated above, at 6:15 a.m.

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

Carcinoma right breast — Date of onset Aug 1/30

50

Other contributory causes of importance:

Name of operation none — Date of 0

What test confirmed diagnosis? Physical examination — Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? no — 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 0

Nature of injury 0

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify 0

(Signed) F G Thompson, M. D.

(Address) 825 Charles