

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

Do not use this space.

33390

1. PLACE OF DEATH

County St. Louis Registration District No. 784
 96 Township St. Ferdinand Primary Registration District No. 6030
 City St. Louis, Mo. (No. St. Louis Training School St. _____ Ward _____)

2. FULL NAME

Paul Buchanan
 (a) Residence. No. St. Louis Training School Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred yr life mos. _____ ds. _____
 How long in U.S., if of foreign birth? yr _____ mos. _____ ds. _____
 (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

Male White Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 23, 1915

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>14</u>	<u>8</u>	<u>20</u>	

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) Cartersville, Mo.
 (STATE OR COUNTRY)

10. NAME OF FATHER Edgar Buchanan

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Missouri
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER EMMA Mathis

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Missouri
 (STATE OR COUNTRY)

14. INFORMANT Records of St. Louis Tr. School
 (Address) Prinny Post Hall Rd.

15. FILED Oct 13th 1932 Emma J. Harris
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct. 10, 1932

17. I HEREBY CERTIFY, That I attended deceased from Oct. 1st 1932, to Oct. 12, 1932
 that I last saw h. alive on Oct. 13, 1932, and that death occurred, on the date stated above, at 3:45 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Epilepsy
 (duration) 2 yrs. _____ mos. _____ ds.

CONTRIBUTORY (SECONDARY) _____
 (duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? Mr. DATE OF _____

WAS THERE AN AUTOPSY? Mr.

WHAT TEST CONFIRMED DIAGNOSIS? _____

(Signed) Dwight M. Ellsworth M. D.

10/12, 1932 (Address) St. Louis Training School

*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 Valhalla Cem. DATE OF BURIAL 10/13 1932

20. UNDERTAKER Cambuster Ins Co 4234 N. Lombard St. 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.

RECORD 28 NOV 28 1932

