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

Do not use this space.

OCT 21 1936

File No. 34167

Registered No. 800

1. PLACE OF DEATH

County: Greene — Registration District No. 318

Township: — Primary Registration District No. 2001

City: Springfield (No. 1939, N. Taylor St. Ward)

2. FULL NAME Mary Alice Buie

(a) Residence, No. 1939 N Taylor St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F

4. COLOR OR RACE: W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widow

5A. ~~If MARRIED, WIDOWED, OR DIVORCED~~ HUSBAND OF (OR) WIFE OF: G. M. Buie

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 12, 1857

7. AGE: Years 79 | Months 2 | Days 3 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

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:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Indiana

FATHER

13. NAME: Calvin H. Wells

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Vermont

MOTHER

15. MAIDEN NAME: Villeja Waugh

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ryan Ind

17. INFORMANT (ADDRESS): Fannie Buie, 1939 Taylor

18. BURIAL, CREMATION, OR REMOVAL — PLACE: Marshall, Mo. DATE: 9-17-1936

19. UNDERTAKER (ADDRESS): F. E. Lingenfelter, Springfield Mo.

20. FILED: 9/16/1936 Dr Chas A George Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Sept. 15, 1936

22. I HEREBY CERTIFY, That I attended deceased from 9-12-1936, to 9-15-1936, 1936; I last saw he alive on 9-15-1936, 1936. Death is said to have occurred on the date stated above, at 2 P.M.

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

	Date of onset
Bronchopneumonia	

Other contributory causes of importance:

Colon-Malignancy
Chronic Bronchitis

Name of operation: Date of:

What test confirmed diagnosis? 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?

If so, specify:

(Signed) Henry T. Lynch, M. D.

(Address) 1939 E. Crow