

AUG - 5 1937

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

Do not use this space.

1. PLACE OF DEATH

County.....
Township.....
City **St. Louis, Mo.** (No.)

Registration District No. **791**
Primary Registration District No. **1003**
Barnes Hospital

File No. **26111**
Registered No. **7285**
St. Ward)

2. FULL NAME **ORVILLE BUCHANAN**

(a) Residence, No. **LOUISIANA, MO.** St. **NR** 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 Male	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Geneva Buchanan		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) February 28th, 1892		
7. AGE YEARS 45	MONTHS 5	DAYS 4
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Post Office Clerk		
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)
Louisiana, Missouri

13. NAME **Joseph Buchanan**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Illinois

15. MAIDEN NAME **Mary Elizabeth Lewis**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Illinois

17. INFORMANT **Mrs Geneva Buchanan**
(ADDRESS) **Louisiana, Missouri**

18. BURIAL, CREMATION, OR REMOVAL
PLACE **Louisiana, Mo.** DATE **August 2nd, 1937**

19. UNDERTAKER **Albert H. Hoppe Inc.,**
(ADDRESS) **429 N. Euclid Avenue**

20. FILED **JUL 31 1937**
J. P. Predeck
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **JULY 30**, 19**37**

22. I HEREBY CERTIFY, That I attended deceased from **JULY 3**, 19**37** to **JULY 30**, 19**37**
I last saw h. i. m. alive on **JULY 30**, 19**37** Death is said to have occurred on the date stated above, at **9:25** a.m.

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

Carcinoma of rectum Date of onset **Nov. 1936**
HOP

Other contributory causes of importance:

Intestinal obstruction 7-14-37
Peritonitis 7-12-37

Name of operation **Resection of colon 1.5 m** Date of **7-9-37**What test confirmed diagnosis? **microscope** 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

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) **Emanuel B. Drescher**, M. D.(Address) **BARNES HOSPITAL**

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

977-2282

