

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

Do not use this space.

18153

1. PLACE OF DEATH

County Chariton Registration District No. 175
Township Salisbury 2 Primary Registration District No. 5243
City (No.) St. Ward)

File No. _____
Registered No. 30

2. FULL NAME

450 Nellie Gray Buler

(a) Residence, No. Salisbury R.R. 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. 0 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE white 9. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 27, 1940

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF James Marion Buler

22. I HEREBY CERTIFY, That I attended deceased from May 10, 1940, to May 27, 1940

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 4 - 1886

I last saw her alive on May 26, 1940. Death is said to have occurred on the date stated above, at 6 a. m.

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>54</u>	<u>2</u>	<u>21</u>	

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

Chronic Myocarditis Date of onset

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farm wife
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

Other contributory causes of importance:
None

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MO

MOTHER FATHER 13. NAME Wm Albert Henderson

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

MOTHER 15. MAIDEN NAME Ladora Vaughn

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

17. INFORMANT Mrs. Al Tillotson

(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE Salisbury DATE May 28, 1940

19. UNDERTAKER Geo. B. Winkelmeyer

(ADDRESS) Salisbury Mo.

20. FILED 3/8, 1940 F. S. Lawton Registrar.

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 None

(Signed) J. W. Florkins M.D.

(Address) Salisbury Mo

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.

RECEIVED
District Health Officer No. 8,
State File Number
6-5-40
Date Filed

This body embalmed by
Kirk R. Winkelmeyer May 27-1940

License no. 3981
Kirk R. Winkelmeyer