

SEP 29 1936

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

Do not use this space.

32008

1. PLACE OF DEATH
County Fair Grove Registration District No. 710
Township Mooney Primary Registration District No. 5939
City Fair Grove R 1 (No.) St. Ward)

2. FULL NAME Hara Alta Buckner
(a) Residence, No. Fair Grove R 1 St. Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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

MEDICAL CERTIFICATE OF DEATH

3. SEX 4. 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 —

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 10 1877

7. AGE YEARS 56 MONTHS 7 DAYS 21 IF LESS than 1 day, hrs. or min.

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

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) Missouri

MOTHER 13. NAME Seage C Wallis

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

15. MAIDEN NAME Clintine Cadelia Luck

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

17. INFORMANT Laura Armstrong (ADDRESS) Springfield Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Brighton DATE Aug 2 1936

19. UNDERTAKER W. H. Thomas & Co (ADDRESS) Springfield Mo

20. FILED Aug 4 1936 E. Stella Benton Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 1 1936

22. I HEREBY CERTIFY, That I attended deceased from 1-18-1928 to 8-1-1936, 1936
I last saw her alive on July 22 1936 Death is said to have occurred on the date stated above, at 11 a.m.
The principal cause of death and related causes of importance were as follows:
Pulmonary Tuberculosis
Date of onset

Other contributory causes of importance:
None

Name of operation..... None Date of.....
What test confirmed diagnosis?..... 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.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify.....
(Signed) T. J. Thudler, M. D.
(Address) Bois d'Arc Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S SIGNATURE STATE

