

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

Do not use this space.

32461

1. PLACE OF DEATH

County... Shannon Registration District No. 824 File No.
 Township... Emmuel Primary Registration District No. 6076 Registered No.
 City..... (No.) St. Ward)

2. FULL NAME

Columbus C Buff

(a) Residence. No. St. 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF Anna Buff

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 28 - 1872

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
56 | 7 | 28 | 0 hrs. 0 min.

8. OCCUPATION OF DECEASED

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

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

PARENTS

10. NAME OF FATHER Eliza Buff

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

12. MAIDEN NAME OF MOTHER Hells

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

14. INFORMANT Clifford Buff (Address) Emmuel

15. FILED 9-26-28 Frank Jeyde REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 26 19 28

17. I HEREBY CERTIFY, That I attended deceased from Sept 1 - 1928 to Sept 26 - 1928 that I last saw alive on Sept 25 - 1928, and that death occurred, on the date stated above, at 11 P m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Syphard fever 1

CONTRIBUTORY (SECONDARY) [Signature] (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH.....
 DID AN OPERATION PRECEDE DEATH?..... DATE OF.....

19. WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) Frank Jeyde M. D.
9-26, 1926 (Address) Emmuel MO

*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 Emmuel DATE OF BURIAL 9-26-1928
 20. UNDERTAKER [Signature] ADDRESS [Signature]

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.

1928

