PLACE OF DEATH
[illegible]

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

ip Von Buren

Registration District No. 6121 File No. 2331

Primary Registration District No. 5814 Registered No. 4

(NO. ..... St.; ..... Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number]

FULL NAME Milo C. Budd

PERSONAL AND STATISTICAL PARTICULARS

le | COLOR OR RACE White | SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) married

OF BIRTH April (Month) 6th (Day), 1869 (Year)

47 yrs. 9 mos. 13 ds. If LESS than 1 day, ... hrs. or ..... min.?

PATION
ade, profession, or
cular kind of work Farmer

eneral nature of industry,
ess, or establishment in
employed (or employer)

HPLACE
or town,
or foreign country) Penn.

NAME OF FATHER Jacob L. Budd

BIRTHPLACE OF FATHER (City or town, State or foreign country) Penn.

MAIDEN NAME OF MOTHER Julia Funk S

BIRTHPLACE OF MOTHER (City or town, State or foreign country) Penn.

ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

ormant) Fin Budd

(ADDRESS) Peirce City Mo

d Jan 23 1917 B. F. Lazenby M.D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. (Month) 20 (Day), 1917 (Year)

I HEREBY CERTIFY, that I attended deceased from July 29, 1916, to Jan. 19, 1917, that I last saw him alive on Jan. 18, 1917, and that death occurred, on the date stated above, at 2 P. m.

The CAUSE OF DEATH* was as follows:

Cancer of Stomach.

46B

40

(Duration) ..... yrs. 5 mos. ..... ds.

Contributory (SECONDARY)

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) C. B. Wright M. D.

Jan. 21, 1917 (Address) Peirce City, Mo.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted if not at place of death?

Former or usual residence

PLACE OF BURIAL OR REMOVAL Peirce City Mo | DATE OF BURIAL Jan 22, 1917

UNDERTAKER John Seufert | ADDRESS Peirce City Mo

PLACE OF DEATH

County.....

Township ..... Registration District No..... File No.....
or
Village..... Primary Registration District No ..... Registered No.....
or
City ..... (NO. ..... , ... St.: ..... Ward)

[If death oc
hospital or
give its NA
of street and

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

FULL NAME.....

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR OR RACE	SINGLE MARRIED WIDOWED OR DIVORCED (*Write* the word)

DATE OF BIRTH

..... , *1*.....
(Month) (Day) (Year)

AGE

.....yrs. .....mos. .....ds.

If LESS than 1 day, ...hrs. or .....min.?

OCCUPATION
(a) Trade, profession, or particular kind of work .....

(b) General nature of industry, business, or establishment in which employed (or employer) .....

BIRTHPLACE
(City or town, State or foreign country)

PARENTS

NAME OF FATHER

BIRTHPLACE OF FATHER
(City or town, State or foreign country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER
(City or town, State or foreign country)

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant).....

(ADDRESS).....

Filed ..... , 191..... , ...
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH

.....
(Month) (Day)

I HEREBY CERTIFY, that I attended decease
....., 191....., to.....,
that I last saw h.....alive on.....,
and that death occurred, on the date stated above, at.....
The CAUSE OF DEATH* was as follows:

.....

.....

.....

.....(Duration).....yrs.....mos.....

Contributory.....
(SECONDARY)
.....(Duration).....yrs.....mos.....

(Signed).....

....., 191..... (Address).....

*State the Disease Causing Death, or, in deaths from Violent Causes (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIEN RECENT RESIDENTS)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....

Where was disease contracted if not at place of death? .....

Former or usual residence.....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
	....., 19
UNDERTAKER	ADDRESS