

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

Do not use this space.

6704

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township..... Primary Registration District No. **1003**
 City **St. Louis** (No. **2654**) **Lucas** St. **1655** Ward)

2. FULL NAME

John Badgett
 (a) Residence No. **2654 Lucas** St., **21** 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 Colored
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF Audrey Badgett
6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 16 1885
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
 42 7 ✓ 24

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work... Laborer
 (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) Unknown

10. NAME OF FATHER Unknown
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown
12. MAIDEN NAME OF MOTHER Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown

14. INFORMANT Audrey Badgett (Address) 2654 Lucas St.

15. FILED 1928 **Maple St. 7** REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 7 1928
17. I HEREBY CERTIFY, That I attended deceased from Jan 25 1928, to Feb 8 1928, and that I last saw him alive on Feb 8 1928, and that death occurred, on the date stated above, at 4 P. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
 108 112 Lobar Pneumonia
 1012 (duration) yrs. mos. 14 ds.
CONTRIBUTORY (SECONDARY) Asthma non Tubercular (duration) yrs. mos. 10 ds.

18. WHERE WAS DISEASE CONTRACTED at Home
 IF NOT AT PLACE OF DEATH.....
19. DID AN OPERATION PRECEDE DEATH? by DATE of...
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Skintest
 (Signed) **Buyant Brown**, M. D.
 2710, 1928 (Address) 2601 Town on

*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 Knowville Tenn. **DATE OF BURIAL** 7/12 1928

20. UNDERTAKER C. W. Roberts **ADDRESS** 3035 Lucas

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.

WHILE IN PRINT, WITH CHANGING INFORMATION IS A PERMANENT RECORD

