22 1928

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

Do not use this space. 29842

1. PLACE OF DEATH

County Buchanan — Registration District No. 86 — File No.

Township Washington — Primary Registration District No. 5127 — Registered No. 71

City [illegible] (No. Industrial City, St. Ward)

2. FULL NAME Fred Badgett,

(a) Residence. No. Industrial City, St., Ward. (Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Married,

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mabel May Badgett,

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 13, 1879

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	49	5	10	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Clerk

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

(c) Name of employer C. D. Smith Drug Co.

9. BIRTHPLACE (CITY OR TOWN) Unknown, (STATE OR COUNTRY) Kansas,

PARENTS

10. NAME OF FATHER Joseph H.P. Badgett,

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown, (STATE OR COUNTRY) Tennessee,

12. MAIDEN NAME OF MOTHER Mary Smith,

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown, (STATE OR COUNTRY) Tennessee,

14. INFORMANT Mrs Fred Badgett (Address) Industrial City, Mo.

15. Sept 23, 1928 J. J. Gaustad REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept. 23 1928

17. I HEREBY CERTIFY, That I attended deceased from Sep 21, 1928 to Sep 23, 1928 that I last saw him alive on Sep 21, 19..., and that death occurred, on the date stated above, at 9:40 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma of Rectum metastatic infection of Liver & mesenteric glands.

46D (duration) 1 yrs. mos. ds.

46G CONTRIBUTORY (SECONDARY) not known

46F (duration) yrs. mos. ds.

45

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Laboratory

(Signed) M S Gray, M. D

9/23, 1928 (Address) St Joseph 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: Savannah, Missouri, — DATE OF BURIAL: Sept. 26, 1928

20. UNDERTAKER: Heaton-Be Gole & Bowman by D. W. Kaile — ADDRESS: St. Joseph, Mo. Funeral Home

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.

MAY 13 1940