

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

Do not use this space.

36405

1. PLACE OF DEATH

County Clay Registration District No. 198 File No. _____
 Township Fishing River Primary Registration District No. 3011 Registered No. 116
 City Excelsior Spgs (No. _____) St. _____ Ward _____

2. FULL NAME Alice Herbert Budd

(a) Residence. No. Excelsior Spgs Sanitarium Ward. Attumsa clava
 (Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 2 mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF James J. Budd

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 21-1858

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>70</u>	<u>9</u>	<u>19</u>	

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) Auburn
 (STATE OR COUNTRY) N.Y.

10. NAME OF FATHER Geo. Watkins

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

12. MAIDEN NAME OF MOTHER Ester Boulton

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

14. INFORMANT James J. Budd
 (Address) Attumsa clava

15. FILED 11/20 28 W.D. Crow
 REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 11-20 1928

17. I HEREBY CERTIFY, That I attended deceased from Oct. 15, 1928, to Nov. 20, 1928, that I last saw her alive on Nov. 20, 1928, and that death occurred, on the date stated above, at 1:45 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Uremia
998
 (duration) _____ yrs. _____ mos. _____ ds.
 CONTRIBUTORY Chronic Bronchitis
 (SECONDARY)
 (duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH: _____

8 DID AN OPERATION PRECEDE DEATH: _____ DATE OF _____

WAS THERE AN AUTOPSY: _____

WHAT TEST CONFIRMED DIAGNOSIS: _____

(Signed) T.G. Musgrave, M. D.

, 19 (Address) Excelsior Spgs, 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 Attumsa clava DATE OF BURIAL Dec 23 1928

20. UNDERTAKER John C. Pothier ADDRESS Exc Spgs

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.

