

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

Do not use this space.
37157

4509

1. PLACE OF DEATH
 County Jackson Registration District No. 399 File No. _____
 Township Law Primary Registration District No. 1007 Registered No. _____
 City Missouri 507 S. Hardesty St. _____ Ward _____

2. FULL NAME Arthur Badgley Butler Mo.
 (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 2 yrs. mos. ds. How long in U.S., if of foreign birth? _____ yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m **4. COLOR OR RACE** wh **5. SINGLE, MARRIED, WIDOWED OR DIVORCED** widowed
 (write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 29, 184

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>87</u>	<u>0</u>	<u>29</u>	

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work _____ Retired 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) Ill.

10. NAME OF FATHER Anthony Badgley

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

12. MAIDEN NAME OF MOTHER Priscilla Tate

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

14. INFORMANT (Address) Mrs R. P. Fuge
507 S. Hardesty

15. FILED 11/28, 1928 M. M. Crowl REGISTRAR
act

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 28 1928

17. I HEREBY CERTIFY, That I attended deceased from Nov 28 to Nov 28, 1928, and that I last saw him alive on Nov 27, 1928, and that death occurred, on the date stated above, at 10 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral Hemorrhage
Arteriosclerosis
 CONTRIBUTOR (SECONDARY) unknown

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH _____
DID AN OPERATION PRECEDE DEATH _____ DATE _____
WAS THERE AN AUTOPSY _____
WHAT TESTS CONFIRMED DIAGNOSIS _____
 (Signed) Dr. F. H. Hume M. D.
 (Address) 900 Kells Bldg

*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 Butler, Mo **DATE OF BURIAL** Nov. 29, 1928

20. UNDERTAKER Butler - Butler, Mo. **ADDRESS** _____

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

Nov 22 1971

900 Rialto

M 5172

- 4:45'