

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

Do not use this space.

603

1. PLACE OF DEATH

County Cedar
Towship Bot
City (No.)

Registration District No. 163
Primary Registration District No. 2228

File No.
Registered No. 5
St. Ward

2. FULL NAME Margaret Budd.

(a) Residence. No. St. Ward.
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 2 1867

7. AGE YEARS MONTHS DAYS H LESS than 1 day, hrs. or min.
66 2 16

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) Kenns
(STATE OR COUNTRY)

10. NAME OF FATHER Plasand young

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

12. MAIDEN NAME OF MOTHER Iida Jane Burch

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

14. INFORMANT Chas Budd
(Address) El Dorado spgs mo

15. FILED 1-19-1929 J.W. Dawson REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 18 1929

17. I HEREBY CERTIFY, That I attended deceased from Jan 9 1929, to Jan 18 1929.
That I last saw him alive on Jan 17 1929, and that death occurred, on the date stated above, at 11 o'clock a.m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Angina Pectoris
94A
99B (duration) yrs. mos. 4 da.

CONTRIBUTORY (SECONDARY) Aortic
(duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED 89
IF NOT AT PLACE OF DEATH.

8 DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) J.T. D. Poyson, M. D.
Jan 19, 1929 (Address) El Dorado Spings

*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 Mound Am DATE OF BURIAL Jan 20 1929
20. UNDERTAKER J. B. Nafus ADDRESS El Dorado spgs mo.

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.

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PARENTS

