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.

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

Do not use this space.

1. PLACE OF DEATH 2123 N. 10th St.

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City ..... (No. ..... St. ..... Ward)

File No. 32976

Registered No. 9851

2. FULL NAME Alice L. Badgley

(a) Residence. No. 2123 N. 10th St., 26 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
F.	W.	M.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Wife of Wm. Badgley

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 16, 1867

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	64	3	4	

8. OCCUPATION OF DECEASED

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

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) New Orleans
(STATE OR COUNTRY) Louisiana

PARENTS

10. NAME OF FATHER Robert Sedgley

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

12. MAIDEN NAME OF MOTHER Julia Baker

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

14. INFORMANT .....
(Address) Joe Badgley 2123 N 10th

15. FILED SEP 21 1931 19 Max C. Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 9/20 1931

17. I HEREBY CERTIFY, That I attended deceased from 9/19/31, 19..., to 9/20/31, 19..., that I last saw her alive on 9/19/31, 19..., and that death occurred, on the date stated above, at 4:45 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cardiac-nephritic with Chronic Arteriosclerosis

95B
97
150

..... (duration) 7 yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Acute nephritis

..... (duration) ..... yrs. ..... mos. 7 ds.

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 Phys. Exam.

(Signed) Geo. W. Pinnain, M. D.

, 19 (Address) 3532 Washington

*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	DATE OF BURIAL
Calvary Cemetery	Sept. 22 1931
20. UNDERTAKER	ADDRESS
Deiss-Willmering	2203 Salisbury