

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

Do not use this space.

39844

**1. PLACE OF DEATH**

County Scott

Registration District No. 816

Township

Primary Registration District No. 4492

City

Chaffee

(No. \_\_\_\_\_)

File No. \_\_\_\_\_

Registered No. 24

St. \_\_\_\_\_

Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. 318 Helen

St. \_\_\_\_\_

Ward \_\_\_\_\_

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 13 yrs.

mos. \_\_\_\_\_

ds. \_\_\_\_\_

How long in U. S., if of foreign birth? \_\_\_\_\_

yrs. \_\_\_\_\_

mos. \_\_\_\_\_

ds. \_\_\_\_\_

**PERSONAL AND STATISTICAL PARTICULARS**

**3. SEX**

Male

**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 \_\_\_\_\_

Bertha Louise Badders

**6. DATE OF BIRTH (MONTH, DAY, AND YEAR)**

Mar 17 - 1888

**7. AGE**

YEARS 43

MONTHS 8

DAYS 14

IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

**OCCUPATION**

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. \_\_\_\_\_

Dressmaking

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. \_\_\_\_\_

City Labor

10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_

(Total time (years) spent in this occupation)

**12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)**

St. Louis, Missouri

**FATHER**

**13. NAME**

Samuel A. Badders

**14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)**

Sullivan, Indiana

**MOTHER**

**15. MAIDEN NAME**

Mary Conn

**16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)**

St. Louis, Missouri

**17. INFORMANT (ADDRESS)**

Gertrude Smith

**18. BURIAL, CREMATION, OR REMOVAL**

PLACE U. P. Cem.

DATE Nov 22, 1931

**19. UNDERTAKER (ADDRESS)**

H. T. Stubbins

**20. FILED**

11-23-31

**MEDICAL CERTIFICATE OF DEATH**

**21. DATE OF DEATH (MONTH, DAY, AND YEAR)**

11-21, 1931

**22. I HEREBY CERTIFY, That I attended deceased from**

11-21, 1931, to 11-21, 1931

I last saw him alive on 11-21, 1931 Death is said

to have occurred on the date stated above, at 12:10 p.m.

The principal cause of death and related causes of importance were as follows:

Comminuted depressed fracture skull

2. Parietal laceration

Deceased was in motor car

Other contributory causes of importance:

Automobile accident

Collision with

Name of operating \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

**23. Death was due to external causes (violence), fill in also the following:**

Accident, suicide, or homicide? Accident Date of injury 11/21, 1931

Where did injury occur? Chaffee Mo.

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Collision

Nature of injury Auto accident

**24. Was disease or injury in any way related to occupation of deceased?**

If so, specify \_\_\_\_\_

(Signed) W. D. Smith M. D.

(Address) Chaffee Mo.

Registrar

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 26 1931

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DEC 13 1945