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

Do not use this space.

File No. 38859

Registered No.

164

1. PLACE OF DEATH

County Stone. Registration District No. 1033.

Township Pine. Primary Registration District No. 6113.

City ~~Blue Eye, Mo.~~ (No. , St. Ward)

2. FULL NAME Peggy Joe Buell.

(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 yrs. mos. 5 ds. 10 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)
Female.	White.	

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 8, 1933.

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	5	10	

OCCUPATION

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

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

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Blue Eye, Mo.

FATHER

13. NAME Pratt B. Buell

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Green Forest, Arkansas.

MOTHER

15. MAIDEN NAME Chloe M. Dodgen.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Blue Eye, Missouri.

17. INFORMANT Pratt M. Buell
(ADDRESS) Blue Eye, Missouri.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Butler Cemetery DATE Nov. 19, 1933

19. UNDERTAKER Wakler Brothers.
(ADDRESS) Green Forest, Arkansas.

20. FILED Nov 1933 Chester D. Scott
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 18. 1933.

22. I HEREBY CERTIFY, That I attended deceased from Nov. 10, 1933 to Nov. 18, 1933

I last saw her alive on Nov. 18, 1933 Death is said to have occurred on the date stated above, at 6 P.m.

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

	Date of onset
Acute Gastro-enteris.	
1178	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

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

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

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

Manner of injury

Nature of injury

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

If so, specify

(Signed) C. C. Miller, M. D.

(Address) Blue Eye, 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.

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