

MAR 24 1934

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

Do not use this space.

1. PLACE OF DEATH

County Philps  
Township St. James  
City Soldiers Home (No. ....)

Registration District No. 678  
Primary Registration District No. 5904

File No. 6050  
Registered No. ....  
St. .... Ward

2. FULL NAME Emory Bugbee

(a) Residence, No. .... St. .... Ward. ....  
(Usual place of abode)  
Length of residence in city or town where death occurred yrs. mos. 25 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>May Bugbee</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov. 29 - 1869</u>		
7. AGE	YEARS <u>64</u>	MONTHS <u>2</u>
	DAYS <u>6</u>	If LESS than 1 day, .... hrs. or .... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as splanner, sawyer, bookkeeper, etc. <u>Member of Soldier</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>None</u>	
	10. Date deceased last worked at this occupation (month and year) .....	11. Total time (years) spent in this occupation .....

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 5 1934  
22. I HEREBY CERTIFY, That I attended deceased from Jan 11 1934 to Feb 5 1934  
I last saw him alive on Feb 5 1934 Death is said to have occurred on the date stated above, at 10:00 P.M.

The principal cause of death and related causes of importance were as follows:  
Vaccinia of stomach  
Other contributory causes of importance:  
L.P.

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Wisconsin</u>
	13. NAME <u>Not known</u>
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Not known</u>
	15. MAIDEN NAME <u>Not known</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Not known</u>
	17. INFORMANT <u>A. G. Buller</u> (ADDRESS) <u>St James MO</u>
	18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Home Cemetery</u> DATE <u>Feb 7</u> 19 <u>34</u>
	19. UNDERTAKER <u>Jonas and Ben Ayck</u> (ADDRESS) <u>St James MO</u>
	20. FILED <u>2-6-34</u> 19 <u>34</u> <u>Mary J. Wallace</u> Registrar.

Name of operation .....

What test confirmed diagnosis? .....

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? .....

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

If so, specify .....

(Signed) H. L. Smith M. D.  
(Address) Reels, Mo

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.

