

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.

MAY 25 1934

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

Do not use this space.

8810

130

1. PLACE OF DEATH

County Greene

Registration District No. 318

File No.

Township Springfield

Primary Registration District No. 2001

Registered No.

City Springfield

(No. Springfield Baptist Hospital)

St. _____ Ward _____

2. FULL NAME

Florence B. Budge

(a) Residence, No. Harmony Okla. St. _____ Ward _____

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F. 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 5 1894

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	<u>39</u>	<u>7</u>	<u>26</u>	

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

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) Ohio

13. NAME J. H. Cope

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

15. MAIDEN NAME Idella Smith

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

17. INFORMANT S. S. Budge
(ADDRESS) Harmony Okla

18. BURIAL, CREMATION, OR REMOVAL PLACE Kristook Okla DATE April 3 1934

19. UNDERTAKER J. W. King & Co
(ADDRESS) Springfield Mo

20. FILED April 1 1934 W. J. [unclear] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 31 1934

22. I HEREBY CERTIFY, That I attended deceased from Mar 31 34, to Mar 31 1934

I last saw her alive on Mar 31, 1934. Death is said to have occurred on the date stated above, at 10:45 p.m.

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

21. Shock Date of onset _____
22. Hemorrhage
23. Compound fracture of left scapula and left femur and
Other contributory causes of importance: left tibia & fibula

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 Mar 31, 1934

Where did injury occur? Highway 66, 10 mi. W. Springfield
(Specify city or town, county, and State)

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

Manner of injury Auto accident - collision with truck
Nature of injury Crushed in impact

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____

(Signed) Daniel L. Yancey M. D.
(Address) 214 N Jefferson

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