

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

Do not use this space.

NOV 15 1934

36517

1. PLACE OF DEATH

County Lafayette Registration District No. 464 File No. 16
Township Washington Primary Registration District No. Washington Registered No. 89
City no. 5628e St. _____ Ward _____

2. FULL NAME

(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 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 E. F. Bartels

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov - 25 - 1861

7. AGE YEARS 72 MONTHS 11 DAYS 16 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 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) 11/11/34 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cooper Co. Mo.

FATHER 13. NAME James Puggs

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

MOTHER 15. MAIDEN NAME Sally Smith

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Howard Co. Mo.

17. INFORMANT E. F. Bartels
(ADDRESS) Hugginsville Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Adiassa Cem. DATE 10/13 34

19. UNDERTAKER Ben C. Bliven & Sons
(ADDRESS) Adiassa Mo.

20. FILED Nov 9 - 1934 Mrs. E. M. Goodwin
Registrar.

MEDICAL CERTIFICATE OF DEATH

4 21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 11th 1934

22. I HEREBY CERTIFY, that I attended deceased from _____ to _____, 1934.
I last saw him alive on Oct 11, 1934. Death is said to have occurred on the date stated above, at 11 P. m.

The principal cause of death and related causes of importance were as follows:
Cardio-renal disease Date of onset 7 or 8 yrs.
Deep-seated nephritis
Diaphanous lungs
Other contributory causes of importance: History of diabetes mellitus 10 or 8 yrs.

Name of operation none Date of _____
What test confirmed diagnosis clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no 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) R. J. Colley, M. D.
(Address) _____

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.

