

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.

FEB 21 1935

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

Do not use this space.

524

## 1. PLACE OF DEATH

County Cedar  
 Township Madison  
 City \_\_\_\_\_ (No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

Registration District No. 167  
 Primary Registration District No. 5233

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

## 2. FULL NAME

(a) Residence, No. \_\_\_\_\_  
 (Usual place of abode)

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.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ✓

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 13-1912

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
22 5 06

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) Fairplay, Cedar Co. Mo.  
(STATE OR COUNTRY)

FATHER 13. NAME L. E. Bugg  
 14. BIRTHPLACE (CITY OR TOWN) Cedar Co. Mo.  
 (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Minnie Houston  
 16. BIRTHPLACE (CITY OR TOWN) Cedar Co. Mo.  
 (STATE OR COUNTRY)

17. INFORMANT L. E. Bugg  
(ADDRESS) Fairplay, Mo. R.F.D. No. 2

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Ludlow prairie DATE 1-19-35

19. UNDERTAKER N. C. Davis & Co.  
 (ADDRESS) Stockton Mo.

20. FILED Jan 28, 1935 B. A. Cheek  
 Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 19, 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 2, 1935 to Jan 19, 1935  
 I last saw him alive on Oct 6, 1934 Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.  
 The principal cause of death and related causes of importance were as follows:

The Duodenal  
 Date of onset \_\_\_\_\_

Other contributory causes of importance: 3

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) [Signature], M. D.  
 (Address) Stockton Mo

13-8-1935

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19-1-1935

13-8-1935

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