

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.

## 1. PLACE OF DEATH

County Cedar  
 Township Madison  
 City Marion (No. \_\_\_\_\_)

Registration District No. 16 7  
 Primary Registration District No. 5233

File No. 526  
 Registered No. \_\_\_\_\_  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

## 2. FULL NAME

Caladonia Dona Bugg

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 26, 1856

7. AGE YEARS 78 MONTHS 5 DAYS 1 IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

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) Dadeville (STATE OR COUNTRY) Mo13. NAME Isaac Cooksey14. BIRTHPLACE (CITY OR TOWN) Tenn (STATE OR COUNTRY) Tenn15. MAIDEN NAME Lucinda Stockstill16. BIRTHPLACE (CITY OR TOWN) Tenn (STATE OR COUNTRY) Tenn17. INFORMANT Mary Cooksey (ADDRESS) Marion, Mo.

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Findley Prairie DATE Jan. 28, 1935

19. UNDERTAKER W. Davis and Co. (ADDRESS) Stockton, Mo.

20. FILED Jan. 31, 1935 B. A. Cheek Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 27, 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1935, to Jan 27, 1935.  
 I last saw her alive on Jan 26, 1935. 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:  
Undetermined

Date of onset

Other contributory causes of importance: L

Name of operation HO Date of 6  
 What test confirmed diagnosis? L 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? L (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place L

Manner of injury L  
 Nature of injury L

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
 If so, specify Chester Brown (Signed) \_\_\_\_\_, M. D.  
Fair Play - Mo (Address)

