

MAR 20 1935

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

Do not use this space.

5503

1. PLACE OF DEATH

County Jackson Registration District No. 399
Township New Primary Registration District No. 1002
City K.C. Mo. (No. 3424 Roberts) St. _____ Ward _____

File No. 735
Registered No. _____

2. FULL NAME Clarence Burdette Bugg

(a) Residence, No. 3424 Roberts 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

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 20-35, 195A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Docia C. Bugg

22. I HEREBY CERTIFY, That I attended deceased from

Jan. 1933 to Feb. 20, 1935
I last saw him alive on Feb. 18, 1935 Death is said

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 20, 1872

to have occurred on the date stated above, at 6 P. m.
The principal cause of death and related causes of importance were as follows:

7. AGE YEARS 63 MONTHS 0 DAYS 0 IF LESS than 1 day,hrs. ormin.

Carcinoma of Prostate Date of onset

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

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) Ill13. NAME Geo. W. Bugg14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Va15. MAIDEN NAME Rosie Stinson16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown17. INFORMANT (ADDRESS) Docia Bugg, 3424 Roberts, K.C. Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Felton DATE 2-22, 193519. UNDERTAKER (ADDRESS) C.H. Blackman & Son, Inc. 2825 Indep. Blvd., K.C. Mo.20. FILED 2/21 1935 M.M. Orpin Registrar.

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Other contributory causes of importance:
Devised injury from cancer and debility from

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? Yes

If so, specify _____

(Signed) C.S. Newman, M. D.(Address) 3907 S. E. 19th St.

CAUSE OF DEATH: 154, 2, 2, 31, be properly classified. Exact statement of OCCUPATION is very important.

