

APR 1 1935

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

Do not use this space.

8748

## 1. PLACE OF DEATH

County Sturkey  
Township Cook  
City Stanbery (No. 4190)

Registration District No. 314  
Primary Registration District No. 54473

File No. ....  
Registered No. 9 .....  
St. .... Ward)

## 2. FULL NAME

Lobby Sarah Budge  
(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 <u>7-</u>	4. COLOR OR RACE <u>W-</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>William Budge</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 20, 1847</u>		
7. AGE YEARS <u>87</u>	MONTHS <u>10</u>	DAYS <u>24</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ....		If LESS than 1 day, ..... hrs. or ..... min.
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 <u>life</u>

MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Clinton County, Mo</u>
	13. NAME <u>Max Creek</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky</u>
	15. MAIDEN NAME <u>Sarah Beatty</u>
FATHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Clinton Co. Mo.</u>
	17. INFORMANT (ADDRESS) <u>Frank Budge, Dover</u>
	18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Zion - Dover</u> DATE <u>3-16-35</u>
	19. UNDERTAKER (ADDRESS) <u>Latoris F. Phillips, Stanbery, Mo</u>
20. FILED <u>3/14</u> 19 <u>35</u> <u>W. B. Budge</u> Registrar.	

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 14, 1935  
22. I HEREBY CERTIFY, That I attended deceased from March 10, 1935 to March 14, 1935  
I last saw her alive on March 13, 1935 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:

Bronchial Pneumonia Date of onset

Other contributory causes of importance:

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 Jas. A. Crockett, M. D.(Address) Stanbery, Mo.

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.

16095-11-25-35

