

Oct 22 1935

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

Do not use this space.

28976

1. PLACE OF DEATH

County Cape Girardeau
Township Grand River
City Isaac Newton Badgley (No. 156)

Registration District No. 156
Primary Registration District No. 5219

File No. 39
Registered No. 39
St. Mo. Ward 1

2. FULL NAME

(a) Residence, No. Isaac Newton Badgley St. Mo. Ward 1
(Usual place of abode)
Length of residence in city or town where death occurred 33 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower
5A. IF MARRIED, WIDOWED, OR DIVORCED (write name of wife or husband) Susan Badgley
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 9 1849
7. AGE YEARS 85 MONTHS 10 DAYS 16
If LESS than 1 day, hrs. min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Farmer
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) Illinois

13. NAME Thomas Badgley

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

15. MAIDEN NAME Eliza Friend

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

17. INFORMANT (ADDRESS) Frank Bester Harrisonville Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Cremated DATE Sept 5 1935

19. UNDERTAKER (ADDRESS) Harrisonville Mo

20. FILED Oct 5 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 4 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug 17 1935 to Sept 4 1935
I last saw him alive on Aug 17 1935 Death is said to have occurred on the date stated above, at 12:10 a.m.

The principal cause of death and related causes of importance were as follows:

Chronic Interstitial Nephritis
Secondary Prostate
Scythia

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) David S. Long M. D.

(Address) Harrisonville Mo

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.

