

NOV 18 1935

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

Do not use this space.

31879

## 1. PLACE OF DEATH

County BuchananRegistration District No. 85

Township

Primary Registration District No. 1001City St. Joseph,(No. 424 South 9th Street)

File No.

Registered No. 1029

St. \_\_\_\_\_ Ward)

2. FULL NAME Helen Margaret Buddy(a) Residence, No. 424 South 9th Street

(Usual place of abode)

St. \_\_\_\_\_ Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 50 yrs. 8 mos. 27 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)

Single5A. IF MARRIED, WIDOWED, OR DIVORCED  
HUSBAND OF  
(OR) WIFE OF6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 7, 1885.

7. AGE

YEARS

50

MONTHS

8

DAYS

27If LESS than 1  
day, ..... hrs.  
or ..... min.

OCCUPATION

8. Trade, profession, or particular  
kind of work done, as spinner,  
sawyer, bookkeeper, etc.None9. 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  
occupation12. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)St. Joseph,  
Missouri

FATHER

13. NAME

Charles A Buddy14. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)Allentown,  
Pennsylvania

MOTHER

15. MAIDEN NAME

Anna F Farrell16. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)St. Joseph,  
Missouri17. INFORMANT  
(ADDRESS)Dr. Edward P Buddy  
St. Louis, Mo.

18. BURIAL, CREMATION, OR REMOVAL

Mount Olivet Cemt

PLACE

St. Joseph, Mo.

DATE

Sept. 7th 193519. UNDERTAKER  
(ADDRESS)H. O. Sidenfaden  
1802 Union Str. St. Joseph, Mo.

20. FILED

10-7-19. 35John R. Borden

Registrar.

## MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from

our year for 19 to his illness, 19I last saw him alive on October 4, 1935. Death is saidto have occurred on the date stated above, at 2 p. m.

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

Carcinoma Breast.

Date of onset

Other contributory causes of importance:

now report general impaired  
health for some time previously,  
rhinitis - probably in caseName of operation Mastectomy Date ofWhat test confirmed diagnosis? Was there an autopsy? No

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? No

If so, specify

(Signed) Daniel Winton, M. D.(Address) St Joseph 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.

