MAY 21 1936

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

Do not use this space. #
6513-a

1. PLACE OF DEATH
County Johnson
Township Chilhowee
City ~~Chilhowee~~ (No. ..... St. ..... Ward)

Registration District No. 426
Primary Registration District No. 55581

File No. .....
Registered No. 6

2. FULL NAME Mary Emma Bugh

(a) Residence, No. ..... St., ... Ward ..... (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred I 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 John Bugh

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 12-1862

7. AGE: Years 74 | Months I | Days 17 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper
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) Iowa

FATHER
13. NAME D.M. Matteson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N.Y state

MOTHER
15. MAIDEN NAME Carolina Lockard
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn

17. INFORMANT (ADDRESS) Ernest Bugh Chilhowee, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Chilhowee, Mo DATE Mch 4th-1936

19. UNDERTAKER (ADDRESS) O.L. Cook Chilhowee, Mo.

20. FILED Mar 6 1935 J.G. Beaty Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 29 1936

22. I HEREBY CERTIFY, That I attended deceased from Viewed body, 19..... to ....., 19.....
I last saw h..... alive on ....., 19..... 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:

	Date of onset
Died from lethal dose of Strychnine	
Suicide	

Other contributory causes of importance: 163

Name of operation no Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? suicide Date of injury ....., 19.....
Where did injury occur? at her home (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. at her home
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify .....
(Signed) Wm. R. Patterson M. D.
(Address) Warrensburg 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD