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.

APR 15 1936

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

Do not use this space.

9436

1. PLACE OF DEATH
County Buchanan — Registration District No. 85 — File No.
Township — Primary Registration District No. 1001 — Registered No. 444
City St. Joseph (No. St. Joseph's Hospital. St. Ward)

2. FULL NAME Annie Farrell Buddy
(a) Residence, No. 424 South 9th. St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 77 yrs. 1 mos. 14 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: Charles A. Buddy

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): February 9, 1859.

7. AGE: YEARS 77 — MONTHS 1 — DAYS 14 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
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): St. Joseph Missouri

FATHER
13. NAME: Edward Farrell
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Ireland

MOTHER
15. MAIDEN NAME: Rose Garrigan
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Ireland

17. INFORMANT (ADDRESS): Rev. Chas. F. Buddy 519 North 10th. Str. St. Joseph, Mo.

18. BURIAL, CREMATION, OR REMOVAL: Mt. Olivet Cemetery
PLACE St. Joseph, Mo. DATE March 26, 1936.

19. UNDERTAKER (ADDRESS): H. O. Sidengaden 1802 Union Str. St. Joseph, Mo.

20. FILED 3-23 1936 John R. Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): March 23, 1936.

22. I HEREBY CERTIFY, That I attended deceased from Many years, 19—, to March 23, 1936
I last saw her alive on March 22 - 1, 1936. Death is said to have occurred on the date stated above, at 4:30A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Influenza with broncho-pneumonia	March 7th 1936.

Other contributory causes of importance: 11a

Name of operation: None — Date of
What test confirmed diagnosis? None — Was there an autopsy? Yes

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 Morton, M. D.
(Address) St Joseph Missouri