

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

Do not use this space.

11519

1. PLACE OF DEATH

County Macon  
Township Macon  
City Macon

Registration District No. 533  
Primary Registration District No. 3027

File No. ....  
Registered No. 49  
St. .... Ward .....

2. FULL NAME

(a) Residence, No. .... St. .... Ward .....

(Usual place of abode)  
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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF Millie Badgerow  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 28 1866  
7. AGE YEARS 69 MONTHS 4 DAYS 7 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labor  
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) Chariton Co. Mo. (STATE OR COUNTRY) Mo.

13. NAME Wm. Badgerow

14. BIRTHPLACE (CITY OR TOWN) Mo. (STATE OR COUNTRY) Mo.

15. MAIDEN NAME Margaret McClure

16. BIRTHPLACE (CITY OR TOWN) Mo. (STATE OR COUNTRY) Mo.

17. INFORMANT Wm. L. Jones (ADDRESS) Macon, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Burial Cem. No. 3-7- 1936

19. UNDERTAKER Stephens & Gooding (ADDRESS) Macon, Mo.

20. FILED 4/12 1936 Geo. A. Hewitt Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-6 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 27 1936 to March 6 1936  
I last saw him alive on March 5 1936 Death is said to have occurred on the date stated above, at 12:30 a.m.  
The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia Date of onset Feb 25 1936  
Left Lung

Other contributory causes of importance Myocarditis, chronic since 1933

Name of operation .... Date of ....  
What test confirmed diagnosis Clinical as 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? Yes  
If so, specify exposure to elements  
(Signed) G. A. Hewitt M. D.  
(Address) Macon, Mo.

