

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

Do not use this space.

AUG 18 1936

791

28489

1. PLACE OF DEATH

County.....
Township.....
City.....

Registration District No. **1003**
Primary Registration District No.....
(No. **2542 A UNIVERSITY**)

File No.....
Registered No. **7254**
St. Ward

2. FULL NAME HANNAH BUDE

(a) Residence, No. 2542A UNIVERSITY St. 20 Ward.

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

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 **FRED BUDE**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **APRIL 6, 1866**

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
70 3 8

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **HOUSE WORK**

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **at home**

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. LOUIS, MO.**

13. NAME **JEREMIAH SPLEAN**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **IRELAND**

15. MAIDEN NAME **JOHANNA FLYNN**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **IRELAND**

17. INFORMANT **OLIVER BUDE**
(ADDRESS) **2242A UNIVERSITY**

18. BURIAL, CREMATION, OR REMOVAL PLACE **MT. OLIVE CEM.** DATE **7/16/36**

19. UNDERTAKER **Goodhart & Goodhart**
(ADDRESS) **2228 St Louis ave**

20. FILED **JUL 15 1936** **J. Bredeck**
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **July 14, 1936**

22. I HEREBY CERTIFY that I attended deceased from **July 1, 1936** to **July 14, 1936**
I last saw him alive on **July 13, 1936** Death is said to have occurred on the date stated above, at **5:45 P. M.**

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

Chronic Myocarditis with articular sclerosis (non compensated)

Other contributory causes of importance **930**

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) **R. B. Becker** M. D.
(Address) **2206 Howard St.**

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

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.

