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.

SEP 28 1936

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

Do not use this space.

31945

1. PLACE OF DEATH
County Pettis
Township
City Sedalia (No. , Bothwell Hosp. St. Ward)

Registration District No. 668
Primary Registration District No. 3032

File No. 254
Registered No. 668

2. FULL NAME Mrs Nora Bugh
(a) Residence, No. Cole Camp Mo St., Ward. Cole Camp Mo
(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) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Russel Bugh

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12-19-1901

7. AGE 34 YEARS 8 MONTHS 11 DAYS If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
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) Cole Camp Creek Mo

FATHER
13. NAME Henry Luetjen
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

MOTHER
15. MAIDEN NAME Sophia Bruns
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) Russel Bugh R F D Cole Camp Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Union Cemetery DATE 8-20 1936

19. UNDERTAKER (ADDRESS) E L Eickhoff Cole Camp Mo

20. FILED 8-21- 1936 Jean Slack Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-20-36 19

22. I HEREBY CERTIFY, That I attended deceased from 8-18- 1936 to 8-19- 1936
I last saw her alive on 8-19- 1936 Death is said to have occurred on the date stated above, at 1350 m.
The principal cause of death and related causes of importance were as follows:

Thrombosis of Mesenteric Artery

Date of onset

Other contributory causes of importance:

Name of operation none Date of
What test confirmed diagnosis? Clinical 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) D S Reser , M. D.
(Address) Cole Camp Mo