

AUG - 5 1937

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

Do not use this space.

25548

## 1. PLACE OF DEATH

County..... Registration District No. **791**  
Township..... Primary Registration District No. **1003**  
City..... **St. Louis, Mo.** (No. **Homer G. Phillips, Hospital**)

File No.....  
Registered No. **6722**  
St. \_\_\_\_\_ Ward)

2. FULL NAME **Henry Buggs**

(a) Residence, No. **1124 N. 13th, Street**, st. **4 th** Ward. **25**  
(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 **Male** 4. COLOR OR RACE **Colored** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Married**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Lena Buggs**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Dont know**

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, ..... hrs. or ..... min.  
**About 40**

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

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

10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) **Boloxia, Miss.**  
(STATE OR COUNTRY)

13. NAME **Alajor Buggs**

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

15. MAIDEN NAME **Francis Gray**

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

17. INFORMANT **Mrs. Lena Buggs**  
(ADDRESS) **1124 N. 13 th, Street,**

18. BURIAL, CREMATION, OR REMOVAL  
PLACE **Washington Park**, DATE **7/12/37**, 19**37**

19. UNDERTAKER **R. C. Houston, Jr.**  
(ADDRESS) **2812, Thomas, St.**

20. **JUL 13 1937** 19**37**  
**J. P. Bredeck**  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **July 11th 1937.**

22. I HEREBY CERTIFY, That I attended deceased from **June 2**, 19**37**, to **July 10**, 19**37**  
I last saw him alive on **July 10**, 19**37**; Death is said to have occurred on the date stated above, at **335 A.**

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

**Influenza**  
**Bronchitis**  
**Pulmonary Tuberculosis**  
**Pulmonary Embolism**

Date of onset  
**Jan. '37**  
**Sept. '37**  
**Nov. '37**  
**7-10-'37**

Other contributory causes of importance: **J. B.**

Name of operation **none** 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? **no**  
If so, specify.....  
(Signed) **Julius C. Shergal**, M. D.  
(Address) **1635 a Carr St.**

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.

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