NOV 18 1937

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

Do not use this space.

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1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No. 36609
Township Kaw — Primary Registration District No. 1002 — Registered No. 4038
City Kansas City (No. 5611, Chestnut St. Ward)

2. FULL NAME Mrs Myrtle M. Bugg
(a) Residence, No. 5611 Chestnut St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 4 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: George S. Bugg

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug, 10 1891

7. AGE: 46 YEARS, 1 MONTHS, 27 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): Texas

FATHER
13. NAME: Newton Harkness
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Dont know

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

17. INFORMANT (ADDRESS): George S. Bugg, 5611 Chestnut St,

18. BURIAL, CREMATION, OR REMOVAL
PLACE Greenlawn DATE Oct 9 1937

19. UNDERTAKER (ADDRESS): Freeman Mortuary & Chapel, Kansas City Mo,

20. FILED Oct 8 1937 M. M. Brown, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Oct, 7, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 23, 1935, to Oct 7, 1937
I last saw her alive on 10-7-30, 1937. Death is said to have occurred on the date stated above, at 5:30 p.m.
The principal cause of death and related causes of importance were as follows:

Carcinoma of Both Mammary Gland = Metastatic Carcinoma of liver Lungs & Skin — Date of onset 1933

Other contributory causes of importance: 50

Name of operation: Mastectomy 7-25-35 — Date of
What test confirmed diagnosis? 11-20-36 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?
If so, specify
(Signed) N. S. Owens, M. D.
(Address) Realty Bldg K Cuo

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.

Dr. M. J. Owens,
VI. 2813
Rialto Bldg.
2-4.30