

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.

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

PLACE OF DEATH

County Taney

Township _____

Village _____

City Clinton Mo. (NO. North Water St.: 2 Ward)

Registration District No. 350

File No. 12906

Primary Registration District No. 3018

Registered No. 37

[If death occurred in a hospital or institution, give its NAME instead of street and number]

FULL NAME Joseph Evelyn Badgett

PERSONAL AND STATISTICAL PARTICULARS

SEX Female COLOR OR RACE Black SINGLE MARRIED WIDOWED OR DIVORCED Single
(Write the word)

DATE OF BIRTH July 4, 1911
(Month) (Day) (Year)

AGE 1 yrs. 9 mos. 1 ds. If LESS than 1 day, ___ hrs. or ___ min.?

OCCUPATION (a) Trade, profession, or particular kind of work Child
(b) General nature of industry, business, or establishment in which employed (or employer) O.O.

BIRTHPLACE (City or town, State or foreign country) Clinton Mo

PARENTS NAME OF FATHER Avery Badgett BIRTHPLACE OF FATHER (City or town, State or foreign country) North Carolina
MAIDEN NAME OF MOTHER Millie Watson BIRTHPLACE OF MOTHER (City or town, State or foreign country) Tex

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Avery Badgett

(ADDRESS) Clinton Mo

Filed Apr 6 1913 Wm. H. Shantua REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 5, 1913
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Apr 4, 1913, to Apr 5, 1913, that I last saw her alive on Apr 4, 1913, and that death occurred, on the date stated above, at 2 P. m.

The CAUSE OF DEATH* was as follows:
Measles
1098
(Duration) yrs. mos. 8 ds.

Contributory Catarhal Pneumonia
(SECONDARY) (Duration) yrs. mos. 2 ds.

(Signed) Wm. H. Shantua M. D. (Address) Clinton Mo

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ___ yrs. ___ mos. ___ ds. In the State ___ yrs. ___ mos. ___ ds.

Where was disease contracted if not at place of death?

Former or usual residence

PLACE OF BURIAL OR REMOVAL Clinton Mo DATE OF BURIAL Apr 6 1913

UNDERTAKER W. H. Sims ADDRESS Clinton Mo

