

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

Do not use this space
9049

1. PLACE OF DEATH

County Babalb Co. Registration District No. 258
Township Washington Primary Registration District No. 576A
City RFD #2 Clarksdale Mo. St. _____ Ward _____

2. FULL NAME Bridget Buhman

(a) Residence, No. RFD #2 Clarksdale Mo. St. _____ Ward _____
(Usual place of abode)
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. (If nonresident, give city or town and State)

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 John Buhman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 12, 1858

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
75 2 13

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

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) Mantawa Wisc.

13. NAME Martin McKeogh

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Ireland

15. MAIDEN NAME Bridget King

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Ireland

17. INFORMANT Mrs T. L. O'Brien
(ADDRESS) Easton Mo.

18. BURIAL, CREMATION, OR REMOVAL—
PLACE Hurlinger Mo. DATE March 27, 1933

19. UNDERTAKER H. C. Sideraden
(ADDRESS) 1802 Union St St. Joseph Mo.

20. FILED 3/26, 1933 C. H. Moore
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 25, 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb., 1929, to March 25, 1933

I last saw her alive on March 20, 1933. Death is said to have occurred on the date stated above, at 1:10A m.

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

Pulmonary Tuberculosis Date of onset several years
2 1/2 yrs

Other contributory causes of importance:

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) O. L. Perkins, M. D.
(Address) Clarksdale Mo.

WHITE 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.

MAY 22 1933

