

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

Do not use this space.

1. PLACE OF DEATH

42 County Henry
44 Township Clinton
7 City Clinton (No. _____) St. _____ Ward _____

Registration District No. 347
Primary Registration District No. 3 618

File No. 26247
Registered No. 39

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
(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 <u>Female</u> | 4. COLOR OR RACE <u>Black</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Divorced</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>James Allen</u> | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>4-15-1899</u> | | |
| 7. AGE | YEARS <u>34</u> | MONTHS <u>3</u> |
| | DAYS <u>27</u> | IF LESS than 1 day, _____ hrs. or _____ min. |
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u> | |
| | 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) <u>Clinton, Mo</u> | | |
| FATHER | 13. NAME <u>Avery Badgett</u> | |
| | 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>No. Carolina</u> | |
| | 15. MAIDEN NAME <u>Mollie Watson</u> | |
| | 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Texas</u> | |
| 17. INFORMANT (ADDRESS) <u>Mrs. J. D. Cooper Clinton, Missouri</u> | | |
| 18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Clinton</u> DATE <u>8-15-33</u> | | |
| 19. UNDERTAKER (ADDRESS) <u>Sims Funeral Home Clinton, Mo</u> | | |
| 20. FILED <u>8/16</u> 19 <u>33</u> <u>E. C. Puelor</u> Registrar. | | |

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 12, 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 10, 1933, to Aug 12, 1933
I last saw her alive on Aug 11, 1933 Death is said to have occurred on the date stated above, at 12:30 P.M.
The principal cause of death and related causes of importance were as follows:
pt. was delivered of a dead baby at Lexington Mo. & brought to Clinton Mo. with
15A (1) Shyptococci Septicemia
17A Acute myocarditis

Other contributory causes of importance:

Name of operation _____ Date of _____
What test confirmed diagnosis _____ 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) R. S. Wallingquardt, M. D.
(Address) Clinton Mo.

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 26 1933

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