

APR 20 1937

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

Do not use this space.

1. PLACE OF DEATH

County Hennip
Township Clinton
City Clinton (No. _____)

Registration District No. 34772
Primary Registration District No. 3018

File No. 12036
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Mildie A. Badgett
(a) Residence, No. north w. 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 Female Colored
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) wid
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Avery Badgett
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 12 1864
7. AGE YEARS 72 MONTHS 11 DAYS 8
If LESS than 1 day, hrs. or min.

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

FATHER
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dallas Texas

13. NAME John Watson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky

MOTHER
15. MAIDEN NAME Hannah

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

17. INFORMANT Fresa Badgett
(ADDRESS) Clinton Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Clinton DATE 3/24/37

19. UNDERTAKER Consolus Beck
(ADDRESS) Clinton Mo

20. FILED 3-23
W. H. ...

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-21 1937

22. I HEREBY CERTIFY, That I attended deceased from 3-16 1937, to 3-21 1937
I last saw him alive on 3-21 1937. Death is said to have occurred on the date stated above, at 9 P. M.
The principal cause of death and related causes of importance were as follows:

Other contributory causes of importance:
Apoplexy
Date of onset

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) H. H. ... M. D.
(Address) Clinton Mo

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.

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