

REC'D MAR 17 1938

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

Do not use this space.

1. PLACE OF DEATH

42 County Henry  
4 Township  
2 City Clinton (No. .... St. .... Ward)

Registration District No. 347  
Primary Registration District No. 3018

File No. 6866  
Registered No. ....

2. FULL NAME

Byrdie Budgett 323  
(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 F 4. COLOR OR RACE Black 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mathew Budgett

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 12 1893

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
44 9 20

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

13. NAME Wm Swindle

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Huntingdon Mo

15. MAIDEN NAME Jane Waller

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

17. INFORMANT Mary Wright  
(ADDRESS) Clinton Mo

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Clinton DATE 3/6 38

19. UNDERTAKER Consulus & Beck  
(ADDRESS) Clinton Mo

20. FILED 315 1938 D. J. R. Hampton  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/2/38 1938

22. I HEREBY CERTIFY, That I attended deceased from May 9, 1937, to March 2, 1938  
I last saw her alive on Feb 28, 1938 Death is said to have occurred on the date stated above, at 8:00 P.M.  
The principal cause of death and related causes of importance were as follows:

Hypostatic pneumonia  
45-  
Other contributory causes of importance: Carcinoma of uterus.

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 R. S. Hallingworth, M. D.  
(Signed) Clinton Mo.  
(Address)

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.

Kelly

