

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

Do not use this space.

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.

1929

19166

PLACE OF DEATH
 County St Charles Registration District No. 756
 Township Patage Des Her Primary Registration District No. 5997
 City _____ (No. _____) St. _____ Ward _____

File No. _____
 Registered No. _____

2. FULL NAME John Fred Buggins
 (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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 26 1913

7. AGE: YEARS 15 MONTHS 8 DAYS _____ IF LESS than 1 day, _____ hrs. or _____ min.

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Farmer
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) West Alton Mo
 (STATE OR COUNTRY)

10. NAME OF FATHER J. W. Buggins

11. BIRTHPLACE OF FATHER (CITY OR TOWN) West Alton Mo
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Married

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) West Alton Mo
 (STATE OR COUNTRY)

14. INFORMANT J. W. Buggins
 (Address) West Alton Mo

15. FILED May 26 1929 C. A. Barnard REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 26 1929

17. I HEREBY CERTIFY, That I attended deceased Victim Bugby, 1929, to _____ 19____ that I last saw him _____ alive on May 26 1929, and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Accidental
18.3 Drowning
 (duration) _____ yrs. _____ mos. _____ da.

CONTRIBUTORY (SECONDARY) 18.3 Drowning
 (duration) _____ yrs. _____ mos. _____ da.

18. WHERE WAS DISEASE CONTRACTED _____
 IF NOT AT PLACE OF DEATH: _____

9 DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____
 WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? _____
 (Signed) J. B. Buggins Arnold, M. D.
5-26, 1929 (Address) St Charles Mo

*State the DISEASE CAUSING DEATH, or in death from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Patage DATE OF BURIAL 5/29 1929

20. UNDERTAKER John A. Hoehn ADDRESS Alton 28

