

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

Do not use this space.

1. PLACE OF DEATH

County Registration District No. 791
 Township Primary Registration District No. 1003
 City St. Louis (No. Central West) St. Ward)

File No. 18265
 Registered No. 1737

2. FULL NAME

William S. Badgett (Badgett)
 (a) Residence, No. 4352 Bradley Ward. (If nonresident, give city or town and State)
 (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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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 Anna Badgett
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 28 1869
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
64 5 11
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. bleached wool
 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) Missouri

FATHER 13. NAME Burwell Badgett

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) North Carolina

MOTHER 15. MAIDEN NAME Mrs. Nellie

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

17. INFORMANT August M. Badgett
 (ADDRESS) 2222 Washington Blvd

18. BURIAL, CREMATION, OR REMOVAL PLACE Mount St. Louis DATE May 9 1934

19. UNDERTAKER Harriett Sheehan
 (ADDRESS) 4117 Washington

20. FILED MAY 10 1934
J. Brebeck
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 9 1934

22. I HEREBY CERTIFY, That I attended deceased from May 1928, to May 9 1934
 I last saw him alive on May 9 1934. Death is said to have occurred on the date stated above, at 9:22 a.m.
 The principal cause of death and related causes of importance were as follows:

Posterior Spinal Sclerosis Date of onset 1925
80
 Other contributory causes of importance: 80

Name of operation
 What test confirmed diagnosis? Clinical symptoms 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? no
 If so, specify
 (Signed) John C. Brown, M. D.
 (Address) 4518 Washington Ave

(BRAM)

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.

JUN 19 1934

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

