

MAR 19 1936

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

Do not use this space.

5709

## 1. PLACE OF DEATH

County JACKSONRegistration District No. 398

File No. \_\_\_\_\_

Township \_\_\_\_\_

Primary Registration District No. 3019Registered No. 71City INDEPENDENCE

(No. \_\_\_\_\_)

INDEPENDENCE SANITARIUM

St. \_\_\_\_\_

Ward \_\_\_\_\_

2. FULL NAME AMMALEE DOLENE BUDD(a) Residence, No. 10116 EAST 18TH ST. St. \_\_\_\_\_ Ward. \_\_\_\_\_  
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 3 yrs. mos. \_\_\_\_\_

How long in U. S., if of foreign birth? yrs. mos. \_\_\_\_\_ ds. \_\_\_\_\_

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

FEMALE

4. COLOR OR RACE

WHITE5. SINGLE, MARRIED, WIDOWED, OR  
DIVORCED (write the word)CHILD

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF  
(OR) WIFE OFXXXXXXXXXXXXXXXXXX

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

JUNE 26, 1932

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1  
day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.3719

OCCUPATION

8. Trade, profession, or particular  
kind of work done, as spinner,  
sawyer, bookkeeper, etc.....XXXXXXXXXXXX9. Industry or business in which  
work was done, as silk mill,  
saw mill, bank, etc.....XXXXXXXXXXXX10. Date deceased last worked at  
this occupation (month and  
year)..... XXXXXXXX11. Total time (years)  
spent in this  
occupation..... XXXXX12. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)KANSAS CITYMO

FATHER

13. NAME AMMON W. BUDD14. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)ELDORADO SPRINGSMO

MOTHER

15. MAIDEN NAME LUCILE FOREMAN16. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)LAMONIAIOWA17. INFORMANT A. W. BUDD  
(ADDRESS) 10116 E. 18TH. INDEP. MO.18. BURIAL, CREMATION, OR REMOVAL  
PLACE MOUND GROVEDATE FEBR. 18, 193619. UNDERTAKER STAHL'S FUNERAL HOME.  
(ADDRESS) 815 W. MAPLE AVE. INDEP. MO.20. FILED 2-19-1936 J L Cook  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) FEBR. 15, 1936 . 19 \_\_\_\_\_

22. I HEREBY CERTIFY, That I attended deceased from

Feb. 9, 1936, to Feb. 15, 1936I last saw her alive on Feb. 15, 1936. Death is saidto have occurred on the date stated above, at 2:00 PM.

The principal cause of death and related causes of importance were as follows:

Influenza Date of onset  
Feb. 3, 36Lobar pneumoniaRight lung - Feb 9, 36

Other contributory causes of importance:

None

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? clinical 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) Buckner Wilson, M. D.(Address) Independence 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.

