AUG 22 1927

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

Do not use this space.

1. PLACE OF DEATH
County Madison — Registration District No. 538 — File No. 21931
Township — Primary Registration District No. 3028 — Registered No.
City Fredericktown, St. Ward)

2. FULL NAME Wm. Theo Waggoner
(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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widower

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Apr. 20 1860

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
77	2	29	

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) Madison Co. Mo.
(STATE OR COUNTRY)

PARENTS
10. NAME OF FATHER Wm. Theo Waggoner
11. BIRTHPLACE OF FATHER (CITY OR TOWN) G
(STATE OR COUNTRY) Germany
12. MAIDEN NAME OF MOTHER Marilla Nesbet
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Ky.

14. INFORMANT Ed. Waggoner
(Address) Fredericktown Mo

15. FILED 7/30 1927 C. H. Davis M.D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 19 1927

17. I HEREBY CERTIFY, That I attended deceased from Apr. 2 to Apr. 19, to 12th, 1927 that I last saw him alive on May 25th, 1927, and that death occurred, on the date stated above, at July 19 m. 1927

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Senile Decay
1186
1162
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Acute Gastritis
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) M. B. Barker, M. D
7/19, 1927 (Address) Fredericktown

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

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Blush Cemetery
DATE OF BURIAL: July 20 1927

20. UNDERTAKER: Ed. H. Webb
ADDRESS: Fredericktown

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

—Every item of information should be carefully supplied. AGE at
SE OF DEATH in plain terms so that it may be properly classified.

MISSOURI STATE BOARD OF HEALTH
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CERTIFICATE OF DEATH

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

N. B. AGE should be stated EXACTLY. NEW-CLAIMS should be supplied. ... CAUSE, if ... that it may ... properly classified. Exact statement of OCCUPATION is very important.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED ... BY LAW

1. PLACE OF DEATH
County: Madison — Registration District No.: 3 38 — File No.:
Township: — Primary Registration District No.: 3028 — Registered No.:
City: Fredericktown (No. ..., ... Ward)

2. FULL NAME: Wm Theo Waggoner

(a) Residence. No. ... St. ... 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: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Wid

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

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

7. AGE — YEARS | MONTHS | DAYS | If LESS than 1 day, ... hrs. or ... min.

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

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

PARENTS
10. NAME OF FATHER
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY)

14. INFORMANT
(Address)

15. Filed July 31, 1927 — C. H. Davis, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 19 1927

17. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19..., that I last saw h... alive on ..., 19..., and that death occurred, on the date stated above, at ... m.

THE CAUSE OF DEATH WAS AS FOLLOWS:
Senile decay

Wm. Theo Waggoner, Mind had been affected for some four years. Had the Melanchlic spells. in which he would not eat, at all. usually this would be followed by Periods, of Gormandizing on just any thing he took a fancy too, either cooked or not.
I treated him for Indigestion with Gas, twice, before. This time was taken with Violent vomiting cramping and running off at the bowels. Cholera Morbus. Painand vomiting ceased, but the Bowels still ran of and two days later died of weakness.
IT would be hard to tell from the Vomit what all he had eaten, or just what particular single thing to lay the blame on. He was very old.
M. R. Parker

SUPPLEMENTARY

19

20. UNDERTAKER — ADDRESS

S-21931