

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

Do not use this space.

33889

1. PLACE OF DEATH

County Lasper
Township Webb City
City Webb City (No.)

Registration District No. 417
Primary Registration District No. 3021

File No.
Registered No. 138
St. Ward)

2. FULL NAME

(a) Residence. No. 917 N. Hall 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)

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May-1-1841

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
86 6 7 0 0 0

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired farmer
(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) Ohio

10. NAME OF FATHER Don't know

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

12. MAIDEN NAME OF MOTHER 11

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) 11

14. INFORMANT Mrs Geo Barkley
(Address) Webb City, Mo

15. FILED Nov 4, 1927 R. M. Stormont
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 3 1927

17. I HEREBY CERTIFY, That I attended deceased from Oct 2, 1927, to Nov 1, 1927 that I last saw h. alive on Nov 1, 1927 and that death occurred, on the date stated above, at 2:20 PM

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Diarrhea
120B
(duration) 20 yrs. mos. ds.
CONTRIBUTOR (SECONDARY) 114B
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH:

18 DID AN OPERATION PRECEDE DEATH? DATE OF

18 WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) W. W. Wagoner, M. D.
, 19 (Address) Webb City

*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 DATE OF BURIAL

Cartersville 19
20. UNDERTAKER Steel and Co ADDRESS Webb City

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

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.

JAN 5

