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

Do not use this space.

37299

File No. 1927

Registered No. 11

JAN 18 1928

1. PLACE OF DEATH

County Jasper — Registration District No. 419

Township McDonald — Primary Registration District No. 5573

City ~~Avilla~~ (No. ..... St. ..... Ward)

2. FULL NAME Richard Alexander Fagg

(a) Residence. No. Avilla St., ... Ward. (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 54 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): Widowed

5A. ~~IF MARRIED, WIDOWED, OR DIVORCED~~ ~~HUSBAND OF~~ ~~(OR) WIFE OF~~ Sarah C. ~~Fagg~~ Horton

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 5 1858

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
69	10	8	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Ret. 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) Mo. Jackson Co.

PARENTS

10. NAME OF FATHER Wm Fagg

11. BIRTHPLACE OF FATHER (CITY OR TOWN) not obtainable
(STATE OR COUNTRY) Georgia

12. MAIDEN NAME OF MOTHER Martha D Sublett

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

14. INFORMANT Mrs W. B. Wheat
(Address) Avilla Mo

15. FILED 12/13 1927 S X Cordonnier
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 13 1927

17. I HEREBY CERTIFY, That I attended deceased ~~from~~ Dec 13, 1927, to ....., 19.. that I last saw h. ~~alive on~~ dead 12-13, 1927 and that death occurred, on the date stated above, at about 6 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Probably Heart-failure of some form. Died suddenly + unattended.

22A (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Was known to have valvular heart disease — (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? 90A

(Signed) S X Cordonnier, M. D

12/13, 1927 (Address) Avilla Mo

*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: Avilla Cemetery

DATE OF BURIAL: 12-14 1927

20. UNDERTAKER: Ulmer-Drake

ADDRESS: Carthage

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.