

JAN 25 1929

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

Do not use this space.

41863

1. PLACE OF DEATH
 County Newton Registration District No. 611
 Township Seneca Primary Registration District No. 4365
 City Seneca (No.) St. Ward (....)

2. FULL NAME Jessie Bagby
 (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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND or (Or) WIFE of Lester Bagby

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 13-1902

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ____ hrs. or ____ min.
26 1 28

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

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

10. NAME OF FATHER R. G. Arnold

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

12. MAIDEN NAME OF MOTHER Liddie Morgan

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

14. INFORMANT R. G. Arnold
 (Address) Seneca Mo.

15. FILED 1/3 1929 C. E. Norris
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 31 1928

17. I HEREBY CERTIFY That I attended deceased from Dec 24 1928, to Dec 31 1928 that I last saw h. h. alive on Dec 31 1928 and that death occurred, on the date stated above, at 10-50 P.M.

THE CAUSE OF DEATH¹ WAS AS FOLLOWS:
Uterine Carcinoma
46 (duration) yrs. mos. da.

CONTRIBUTORY (SECONDARY) (duration) yrs. mos. da.

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) R. B. Brewer, M. D.
 (Address) Seneca Mo.

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

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Seleman Mo. DATE OF BURIAL Jan. 3 1929

20. UNDERTAKER Bill Buzzard ADDRESS Seneca Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

