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

Do not use this space.

688

FEB 21 1929

24 8 2

1. PLACE OF DEATH
County: Clay
Township: Vaal Deer
City: K.C. Mo (No. 820-E-21 St.) Registration District No. 197
Primary Registration District No. 5276
File No.
Registered No. 12 (Ward)

2. FULL NAME: Hiram McElroy Dagg

(a) Residence. No. 820-E-21 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: M
4. COLOR OR RACE: Wh
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): widowed

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Josephine Kimmons Dagg

6. DATE OF BIRTH (MONTH, DAY AND YEAR): July 26-1850

7. AGE: Years 78. Months 6 Days 0 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Physician
(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): Washington Co Pa

PARENTS
10. NAME OF FATHER: James Taylor Dagg
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Pa
12. MAIDEN NAME OF MOTHER: Ann Means
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Pa

14. INFORMANT: Dr. Geo R Dagg
(Address): 820-E-21, KCMo

15. FILED: Jan 27, 1929 G R Dagg, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Jan 26 1929

17. I HEREBY CERTIFY, That I attended deceased from 1-28-29, 1929 to 1-26, 1929 that I last saw h. alive on 1-25 1929 and that death occurred, on the date stated above, at 2:42 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Myocarditis
Insufficiency
107 A
9 30 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY): Bronchopneumonia (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Home
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) G G Conord, M. D
1 No. 1929 (Address) 1002 Argyle

*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: Mt Moriah — DATE OF BURIAL: Jan 28 1929
20. UNDERTAKER: Rose & Henderson — ADDRESS: 15th Jackson

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.

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