

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

Do not use this space.

9686

**1. PLACE OF DEATH**

County..... Buchanan

Registration District No. .... 85

File No. ....

Township.....

Primary Registration District No. .... 1001

Registered No. .... 394

City..... St. Joseph

(No. State Hospital #2)

St. .... Ward)

**2. FULL NAME**

Lila Magers

Lila Magers

(a) Residence. No. .... St. .... Ward. ....  
(Usual place of abode)

LaPlata, Mo.  
(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**

F.

**4. COLOR OR RACE**

W.

**5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)**

Married

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

Grundy Magers

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

Jan. 12, 1890

**7. AGE**

YEARS

MONTHS

DAYS

If LESS than 1 day, .... hrs. or .... min.

39

2

11

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work

Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

**9. BIRTHPLACE (CITY OR TOWN)**

Wagon Co.

(STATE OR COUNTRY)

Mo.

**10. NAME OF FATHER**

John Magers

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

(STATE OR COUNTRY)

Ky.

**12. MAIDEN NAME OF MOTHER**

Margaret Hall

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

(STATE OR COUNTRY)

Ind.

**14.**

INFORMANT

(Address)

Grundy Magers  
LaPlata, Mo.

**15.**

FILED

MAR 25 1929

John G. Y. H.  
REGISTRAR

**2 MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH (MONTH, DAY AND YEAR)**

Mar. 23rd 1929

**17.**

HEREBY CERTIFY, That I attended deceased from Mar. 12th 1929 to Mar. 23rd 1929, and that I last saw her alive on Mar. 23rd 1929, and that death occurred, on the date stated above, at 9:45 - p.m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Myocardial

infarction

**CONTRIBUTORY (SECONDARY)**

Susceptibility

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH.....

**19. DID AN OPERATION PRECEDE DEATH?**

No. DATE OF.....

**20. WAS THERE AN AUTOPSY?**

No.

**WHAT TEST CONFIRMED DIAGNOSIS?**

(Signed)

Clinical  
D. F. Divine, M. D.

3/23/1929 State Hosp. No 2

\*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**

LaPlata, Missouri

**DATE OF BURIAL**

Mar. 25, 1929

**20. UNDERTAKER**

Walter Meinkoff 1302

**ADDRESS**

Faron St.

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.

235

1

2

2

1929

