

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.

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

Do not use this space.

43117

1. PLACE OF DEATH

County Scott

Registration District No. 818

Township De Witt

Primary Registration District No. 5762

City Summit (No. 127)

File No. 127

Registered No. 127

St. Mo.

Ward 1

2. FULL NAME

(a) Residence. No. Betty Moore Bagley

St. Mo.

Ward 1

Length of residence in city or town where death occurred yrs. 1 mos. 1 da. 1

yrs. 1

mos. 1

da. 1

How long in U.S., if of foreign birth? yrs. 1 mos. 1 da. 1

yrs. 1

mos. 1

da. 1

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 OF (OR) WIFE OF

Howard C. Bagley

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

Sept. 28 1868

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

61

31

25

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)

(STATE OR COUNTRY)

Unknown
Kentucky

10. NAME OF FATHER

Arthur B. Council

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Unknown
Virginia

12. MAIDEN NAME OF MOTHER

Don't know

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Unknown
Don't know

14.

INFORMANT (Address)

Betty Bagley
De Witt

15.

FILED 19 29

J. S. Vernon

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

Dec. 30

19 29

17.

I HEREBY CERTIFY, That I attended deceased from Sept. 15, 19 29, to Dec. 30, 19 29

that I last saw her alive on Nov. 13, 19 29, and that death occurred, on the date stated above, at 4 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Coronary Thrombosis

94.5

(duration)

yrs. 1

mos. 1

da. 1

CONTRIBUTORY (SECONDARY)

Hypertension & Aortic Insufficiency

(duration)

yrs. 1

mos. 1

da. 1

18. WHERE WAS DISEASE CONTACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH?

no DATE OF no

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed)

Chas. H. Russell

M. D.

12-30, 19 29 (Address) Lexington

*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

Maynard Cemetery

12/31

19 29

20. UNDERTAKER

Law. W. C. Bagley

ADDRESS

Charleston, Mo.

