

MAR 05 1930

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

Do not use this space.

## 1. PLACE OF DEATH

County Osage  
Township Liberty  
City Liberty (No. ....)

Registration District No. 201  
Primary Registration District No. 3012

File No. 4408  
Registered No. 16  
St. .... Ward)

## 2. FULL NAME

Susan Arena 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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

## 3. SEX

Female

## 4. COLOR OR RACE

white

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

widow

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

Willis Bagby

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

January 8-1849

## 7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
<u>81</u>	<u>1</u>	<u>15</u>	

## 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)

Self

(c) Name of employer

## 9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Nodaway Co. Mo

## 10. NAME OF FATHER

Noah Mast

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

(STATE OR COUNTRY)

N.C.

## 12. MAIDEN NAME OF MOTHER

Catherine Rowland

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

(STATE OR COUNTRY)

Tex.

## 14. INFORMANT

(Address)

Mrs. Martha Walker  
Liberty Mo

## 15. FILED

2/10/30

Wm. G. Gaddison  
REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 23-193017. I HEREBY CERTIFY, That I attended deceased from Feb. 24

1930, to Feb. 28, 1930,  
that I last saw her alive on Feb. 27, 1930, and that death occurred, on the date stated above, at 7 P. m.

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

Death following chronic interstitial nephritis and etc.  
1931

2 years (duration) yrs. mos. ds.

## CONTRIBUTORY (SECONDARY)

Arteriosclerosis (duration) yrs. mos. ds.

## 18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? DATE OF noWAS THERE AN AUTOPSY? no

## WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) P. E. Sever, M. D.1930 (Address) Liberty 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

## DATE OF BURIAL

Grove near Medicine no 2/27 1930

## 20. UNDERTAKER

## ADDRESS

Clunch-Archer Co Liberty Mo

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.

