

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

Do not use this space.

5945

File No. _____
Registered No. 44
St. _____ Ward)

1. PLACE OF DEATH
County Pettis Registration District No. 668
Township _____ Primary Registration District No. 3037
City Ordalia (INC) St. _____ Ward)

2. FULL NAME Mattie G Van Wagner
(a) Residence No. 513 West 7 St. H Ward. _____
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 53 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

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 W H Van Wagner

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 15, 1857

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>72</u>	<u>10</u>	<u>23</u>		

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) at home
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Newark Valley
(STATE OR COUNTRY) N.Y.

10. NAME OF FATHER Symon Greenland

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Rose
(STATE OR COUNTRY) N.Y.

12. MAIDEN NAME OF MOTHER Vesta Bushman

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Mass
(STATE OR COUNTRY) _____

14. INFORMANT James Van Wagner
(Address) Ordalia

15. FILED 2-11-30 J. L. Love
REGISTRAR

4 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 8 1930

17. I HEREBY CERTIFY, That I attended deceased from much, 1928, to Feb 5, 1930 that I last saw h. alive on Jan 8, 1930 and that death occurred, on the date stated above, at 9:30 P.M.

131 THE CAUSE OF DEATH* WAS AS FOLLOWS:
gla A
97 paralysis (cerebral)

Chronic (duration) yrs. mos. ds.
CONTRIBUTORY reports of Nephritis
(SECONDARY) also relevant (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH _____

8 DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____
WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS
(Signed) Alfred E. Mousal, M. D.

Address) 111 W 4 Ordalia 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 Ordalia Mo DATE OF BURIAL Feb 11 1930

20. UNDERTAKER McLaughlin Bros ADDRESS Ordalia

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.

MAR 28 1930 Missouri

