

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

Do not use this space.

1. PLACE OF DEATH

County Buchanan
Township _____
City St. Joseph (No. 3101 Burnside Ave)

85

Registration District No. _____
Primary Registration District No. 1001

24228

File No. _____
Registered No. 710
St. _____ Ward _____

2. FULL NAME Geraldine C Bagby

(a) Residence, No. 3101 Burnside Ave. St. _____ Ward _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Female** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Single**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 29, 1931

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	0	0	2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) St Joseph
(STATE OR COUNTRY) Missouri

13. NAME Mark L Bagby

14. BIRTHPLACE (CITY OR TOWN) Mound City
(STATE OR COUNTRY) Missouri

15. MAIDEN NAME NEELIE Cason

16. BIRTHPLACE (CITY OR TOWN) Horton
(STATE OR COUNTRY) Kansas

17. INFORMANT Mark L Bagby
(ADDRESS) 3101 Burnside Ave. - St Joseph Mo.

18. BURIAL, CREMATION, OR REMOVAL Mt Olivet Cemetery
PLACE St Joseph Mo. DATE July 2 1931

19. UNDERTAKER A. C. Skidmore
(ADDRESS) 1802 Union st St Joseph Mo.

20. FILED 7-2 1931 John R. Bender
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 1 19 31

22. I HEREBY CERTIFY, That I attended deceased from June 29 1931, to July 1 1931
I last saw her alive on June 30 1931 Death is said to have occurred on the date stated above, at 9:30P m.

The principal cause of death and related causes of importance were as follows:

Coronoid Cytosis
1612 / 1612
Date of onset _____
Other contributory causes of importance: Eschmann Heat

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19 _____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____
(Signed) R. John Higgins M. D.
(Address) 1291-78 South Mo

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.

AUG 24 1931

