

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.

OCT 26 1931

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

32245

1. PLACE OF DEATH

County Ripley

Township

City Doniphan

(No.)

Registration District No. 750Primary Registration District No. 445File No. 10Registered No. 1049

St.

Ward)

2. FULL NAME James Autis Bagwill.(a) Residence, No. No permanent address, or place of abode.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. 2 mos.

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

Caucasian

5. SINGLE, MARRIED, WIDOWED, OR

DIVORCED (write the word)

Widowed- divorced

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OF

Cora Bagwill.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 30, 1879

7. AGE

YEARS

51

MONTHS

9

DAYS

25

If LESS than 1

day, ... hrs.

or min.

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.Blacksmiths-
Helper.9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.

M & D. Shops.

10. Date deceased last worked at
this occupation (month and
year) unknown

11. Total time (years)

spent in this

occupation. 7 UK12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)

Jackson Co.

Illinois

FATHER

13. NAME Miles Bagwill14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)

Illinois.

MOTHER

15. MAIDEN NAME Mary Ridge16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)

Tennessee.

17. INFORMANT Harry Bagwill, - Brother
(ADDRESS) Doniphan, Mo.

18. BURIAL, CREMATION, OR REMOVAL

Burial

PLACE New Hope Cem.DATE 9-26-31

19.

19. UNDERTAKER F. E. Jordan
(ADDRESS)

Doniphan, Mo.

20. FILED 9-26-31

19

G. D. Johnston

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-25-31 19

22. I HEREBY CERTIFY, That I attended deceased from

Sept 1 1931 to Sept 15 1931I last saw him alive on Sept 24 1931. Death is saidto have occurred on the date stated above, at 10:00 P.M.

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

Date of onset

Dysentery
13c

Other contributory causes of importance:
13c

Name of operation none Date ofWhat test confirmed diagnosis? Microscopic Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? no 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?

If so, specify

(Signed) W. A. R. Hume M. D.(Address) Doniphan Mo

AND APPROXIMATELY 11:00 PM. THE FOLLOWING INFORMATION WAS OBTAINED FROM THE SOURCE: