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

Do not use this space.

36657

1. PLACE OF DEATH
County Vernon
Registration District No. 875
Township
Primary Registration District No. 3039
City
(No. St. Ward)
File No.
Registered No. 252

2. FULL NAME Lloyd Waugh
(a) Residence, No. St., Ward. El Dorado Springs Mo.
(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.

NOV 28 1931

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M
4. COLOR OR RACE W
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) 1902 April 29
7. AGE YEARS 29 MONTHS 5 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. On Farm.
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) (STATE OR COUNTRY) Mo.

FATHER
13. NAME J. N. Waugh
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

MOTHER
15. MAIDEN NAME Mable Neely
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

17. INFORMANT (ADDRESS) Mable Neely Waugh
18. BURIAL, CREMATION, OR REMOVAL
PLACE Hackleman DATE Oct 26 1931
19. UNDERTAKER (ADDRESS) Gwin Sides El Dorado Sp
20. FILED 11-11- 1931 E. R. King Registrar.

MEDICAL CERTIFICATE OF DEATH

3

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 24, 1931
22. I HEREBY CERTIFY, That I attended deceased from Oct. 23, 1931, to Oct. 24, 1931
I last saw him alive on Oct. 24, 1931. Death is said to have occurred on the date stated above, at 12:20 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Strangulated inguinal hernia causing intestinal obstruction	Oct 20
122A	
122B	

Other contributory causes of importance: 122A

Name of operation Hermotomy Date of Oct 23, 1931
What test confirmed diagnosis? Surgery 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) E R King, M. D.
(Address) Nevada, 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.