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

Do not use this space.

7303

1. PLACE OF DEATH
6 County Barton — Registration District No. 40 — File No.
Township Lamar — Primary Registration District No. 5058 — Registered No. 9
City (No. St. Ward)

2. FULL NAME Thomas Harrison Wagaman
(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.

APR 23 1932

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
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) Nov 6 1840

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
91	4	11	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Randolph Co.
(STATE OR COUNTRY) Missouri

PARENTS
10. NAME OF FATHER Abraham Wagaman
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Jesseman Co. Ky. 2
12. MAIDEN NAME OF MOTHER Mary Walden
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Woodford Co. Ky

14. INFORMANT Mrs. Mary A. Stark
(Address) Lamar Mo.

15. FILED Mch. 19 1932 A. J. Mynatt REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar 17 1932

17. I HEREBY CERTIFY, That I attended deceased from Mch 15a, 1932 to Mch. 17a, 1932 that I last saw him alive on Mch 17th, 1932 and that death occurred, on the date stated above, at 5:00 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Myocarditis and Rheumatism
93-D
11-B
56-E
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Flu
(duration) yrs. mos. 7 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) C. E. Duckett, M. D.
Mch 19 1932 (Address) Lamar 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: Newport Cem
DATE OF BURIAL: Mar 19 1932

20. UNDERTAKER: C. F. Konantz
ADDRESS: Lamar

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.