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

Do not use this space.

1. PLACE OF DEATH

74 County Nodaway — Registration District No. 625 — File No. 9442

Township Polk — Primary Registration District No. 3031 — Registered No. 26

9 City Maryville Mo (No. ..... St. ..... Ward)

72. FULL NAME Grace Bagby

(a) Residence. No. 1 Franklin Hwy St., ... Ward. (If nonresident give city or town and State)
(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.

APR 28 1932

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.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) November 1894

7. AGE: Years 38 — Months - — Days - — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife 235
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) ..... (STATE OR COUNTRY) Clinton Co Mo 1

PARENTS

10. NAME OF FATHER Jesse Ross
11. BIRTHPLACE OF FATHER (CITY OR TOWN) ..... (STATE OR COUNTRY) Neb.
12. MAIDEN NAME OF MOTHER Hester Meana
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Lincoln (STATE OR COUNTRY) Neb

14. INFORMANT Tom Ross (Address) Clyde Mo

15. FILED 3-8 1932 Manie E Curd REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 8 1932

17. I HEREBY CERTIFY, That I attended deceased from Mar 7, 1932, to Mar. 7, 1932 that I last saw h. Ex. alive on Mar 7, 1932, and that death occurred, on the date stated above, at 12:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Nephritis
132A
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) .....
(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) Hiram Day, M. D
, 19 (Address) Maryville

*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: Guilford Mo — DATE OF BURIAL: March 9 1932

20. UNDERTAKER: Campbell Funeral Home — ADDRESS: Maryville Mo