

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

Do not use this space.

9512

**1. PLACE OF DEATH**

78 County Remond Registration District No. 1102  
Township Pascala Primary Registration District No. 5-8-70  
City Waggoner City (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. \_\_\_\_\_ 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? 76 yrs. 5 mos. 16 ds.  
(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS				
3. SEX <u>W</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Widowed</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 15 1856</u>				
7. AGE	YEARS <u>76</u>	MONTHS <u>5</u>	DAYS <u>16</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>none</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>-</u>			
	10. Date deceased last worked at this occupation (month and year) <u>none</u>			
	11. Total time (years) spent in this occupation <u>none</u>			
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Brewford Co. Ill</u>				
FATHER	13. NAME <u>Jacob Waggoner</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Jacobs port Ohio</u>			
	15. MAIDEN NAME <u>Mellie Kenne dy</u>			
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Lawrenceville Ill</u>			
	17. INFORMANT (ADDRESS) <u>Edias Lewis</u>			
18. BURIAL, CREMATION, OR REMOVAL				
PLACE <u>Hazel Green</u> DATE <u>Apr 1</u> 19 <u>32</u>				
19. UNDERTAKER (ADDRESS) <u>A. C. Shadell</u>				
20. FILED _____ 19 _____				

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 31 1932

22. HEREBY CERTIFY, That I attended deceased from May 31 1931, to March 31 1932.  
I last saw him alive on March 31 1932. Death is said to have occurred on the date stated above, at 6 a. m.

The principal cause of death and related causes of importance were as follows:  
Mitral Insufficiency  
978  
J. W.  
Other contributors cause of importance \_\_\_\_\_  
Date of onset \_\_\_\_\_

Name of operation none Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? W

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?  
If so, specify \_\_\_\_\_  
(Signed) C. P. Murrell, M. D.  
(Address) Waggoner City Mo

Registrar.

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.

APR 29 1932

