

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.

JUN 21 1932

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

Do not use this space.

15533

1. PLACE OF DEATH
 17 County Carroll Registration District No. 139
 7 Township Hansbarger Primary Registration District No. 4079
 1 City Juba (No. _____) St. _____ Ward _____

2. FULL NAME Catherine, M. Wagner
 (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? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 6-17-1844

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
87 11 4

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife
 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) Clark Co. Ohio

FATHER
 13. NAME Robert Lippincott
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Jersey

MOTHER
 15. MAIDEN NAME Elizabeth M. Bowman
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clark Co. Ohio

17. INFORMANT Laura Wagner
 (ADDRESS) Columbia Mo

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Rock Brand DATE 5' 19 1932

19. UNDERTAKER W. A. Farabee
 (ADDRESS) Juba Mo.

20. FILED May 18, 1932 O. R. Edwards
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 18, 1932

22. I HEREBY CERTIFY, That I attended deceased from Mar 2, 1932 to May 18, 1932
 I last saw her alive on May 16, 1932 Death is said to have occurred on the date stated above, at 10a. m.
 The principal cause of death and related causes of importance were as follows:
Gastric Corrosion Date of onset
46B 46B
 Other contributory causes of importance: ①

Name of operation _____ Date of _____
 What test confirmed diagnosis? Physical signs 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?
 If so, specify _____
 (Signed) O. R. Edwards, M. D.
 (Address) Juba Mo.

