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.

SEP 27 1932

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

Do not use this space.

27336

File No.

Registered No. 76

1. PLACE OF DEATH

County St. Louis — Registration District No. 1160

Township Central — Primary Registration District No. 4470

City University City (No. 6627 Bartmer Ave. St. Ward)

96 10 5

2. FULL NAME CONNDA MAY WAGONER

(a) Residence, No. 6627 Bartmer Ave. 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.

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: William Wagoner

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 5/10/ 1874

7. AGE — Years: 58 — Months: 3 — Days: 10 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: At home

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): Salem Mo.

FATHER

13. NAME: Topkin

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

MOTHER

15. MAIDEN NAME: Julia Edmondston,

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT (ADDRESS): Ancel Michael 4145 Lexington

18. BURIAL, CREMATION, OR REMOVAL — PLACE: Sligo Mo. DATE: Aug. 22 1932

19. UNDERTAKER (ADDRESS): Alexander Sons 6175 Delmar

20. FILED: Aug 22 1932 Lena U. Moeller D. Registrar.

MEDICAL CERTIFICATE OF DEATH

3

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Aug. 20th 1932

22. I HEREBY CERTIFY, That I attended deceased from June 1st 1932, to August 20 1932

I last saw h. alive on August 20 1932. Death is said to have occurred on the date stated above, at 4 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Colon	8-1931
46 C	

Other contributory causes of importance:

Chr. Endocarditis	Not known
Chr. Tubular Nephritis	" "

Name of operation: None Date of:

What test confirmed diagnosis? X-ray 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. E. Matlock, M. D.

(Address) 4989 Neosho St.

Im attach