

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

Do not use this space.

**19183**

**1. PLACE OF DEATH**

County Chariton Registration District No. 174  
Township Yellow Creek Primary Registration District No. 5241  
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? yrs. mos. ds. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 26 - 1851

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
82 3 26

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

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) Rothville MO

13. NAME Thomas G. Waugh

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

15. MAIDEN NAME Lucy Jones

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

17. INFORMANT Thos. Waugh (ADDRESS) Rothwilliam

18. BURIAL, CREMATION, OR REMOVAL PLACE Rothville DATE June 24 1933

19. UNDERTAKER J. W. Grippard (ADDRESS) Wenden MO

20. FILED 6-22 1933 U. S. Owen Registrar.

**2 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 22, 1933

I HEREBY CERTIFY, that I attended deceased from June 20, 1933, to June 22, 1933

I last saw him alive on June 20, 1933 Death is said to have occurred on the date stated above, at 5:30 p. m.

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

Uremia Date of onset 6-21  
1095108  
Other contributory causes of importance: Lobar Pneumonia 670

Name of operation  Date of 7-10

What test confirmed diagnosis? Clinical 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 6-22, 1933

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 U. S. Owen

(Signed) U. S. Owen, M. D.  
(Address) Rothville, MO

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.

JUL 21 1933

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