

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.

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

Do not use this space.

1. PLACE OF DEATH

County Howard
Township Johnson
City Amstutz (No. _____)

Registration District No. 376
Primary Registration District No. 4220

File No. 19561

Registered No. _____ St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Amstutz No. 10 St. _____ Ward _____Length of residence in city or town where death occurred 4 yrs. mos. ds. (If nonresident, give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Fannie Bagby</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>12/15/1858</u>		
7. AGE <u>74</u>	YEARS <u>6</u>	MONTHS <u>15</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Druggist</u>		9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Drugg Store</u>
10. Date deceased last worked at this occupation (month and year) <u>June 1933</u>		11. Total time (years) spent in this occupation <u>54</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Roscoe Mo.</u>		
13. NAME <u>R. L. Bagby</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Orange County Va.</u>		
15. MAIDEN NAME <u>Cornelia Trueman</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Orange County, Va.</u>		
17. INFORMANT <u>R. L. Bagby</u> <u>Amstutz Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Roscoe Mo.</u> DATE <u>July 2</u> 19 <u>33</u>		
19. UNDERTAKER <u>A. H. Oldaker</u> <u>Amstutz Mo.</u>		
20. FILED <u>July 3 1933</u> <u>W. M. Drexler</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

3

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 30, 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 4 1933 June 30, 1933
I last saw him live on June 30, 1933 Death is said to have occurred on the date stated above, at 8 p.m.
The principal cause of death and related causes of importance were as follows:
Cerebral Thrombosis
94 B
80 A
100 C
Other contributory causes of importance:
Myocardial Infarction
Coronary Sclerosis
Name of operation Thrombotic Date of _____
What test confirmed diagnosis? Thrombotic 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 W. M. Drexler M. D.
(Signed) Amstutz Mo.
(Address) _____

