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

Do not use this space.

1. PLACE OF DEATH

County: Dent — Registration District No. 266 — File No. 29219

Township: Short Bend — Primary Registration District No. 5-377 — Registered No. 5-1

City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME Mrs Anna Garrett Wagoner

(a) Residence, No. ..... St., ... Ward. ..... (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
female	white	married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov 21 1886

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
46	9 ~~10~~	13	

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. .....

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): Dent Co Mo

FATHER

13. NAME: Edward Garrett

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Franlin Co Mo

MOTHER

15. MAIDEN NAME: Sarah Smallwood

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): -- Ga

17. INFORMANT (ADDRESS): John Wagnner Sligo Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Salem Mo DATE: 9/5/33, 19

19. UNDERTAKER (ADDRESS): Carl K Spencer Salem Mo

20. FILED: 9/5, 1933 W. E. Rudd, Jr., M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 9/~~5~~/33, 19

22. I HEREBY CERTIFY, That I attended deceased from 12/17/32, 19 to 8/28/33, 19

I last saw her alive on 8/28/33, 19 Death is said to have occurred on the date stated above, at 3:55 P M

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

	Date of onset
Cancer of uterus and adjacent tissues	1932
48	

Other contributory causes of importance: None

Name of operation: Personal Gutting Grain Date of 1933

What test confirmed diagnosis? Tissue exam. 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) Lloyd H. Hurst, M. D.

(Address) Salem, 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.