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

Do not use this space.

33480

File No.
Registered No. 132

1. PLACE OF DEATH
County Jefferson
Township
City Festus Mo (No. St. Ward)

Registration District No. 421
Primary Registration District No. 4249

2. FULL NAME William Horace Waggener

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

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

50 3 4

NOV 10 1933

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Apr. 20 1859

7. AGE: Years 74 | Months 6 | Days 8 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: President
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Bank
10. Date deceased last worked at this occupation (month and year): Apr. 1933
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Rush Tower Mo.

FATHER
13. NAME: Reuben Waggener
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Virginia

MOTHER
15. MAIDEN NAME: Mary Moore
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kentucky

17. INFORMANT (ADDRESS): Mrs. Hallie Jenkinson Festus Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Festus DATE Oct 30 1933

19. UNDERTAKER (ADDRESS): Duester & Vanyard Festus Mo

20. FILED 10/30 1933 J. E. Rutledge Registrar.

MEDICAL CERTIFICATE OF DEATH

3

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 28 1933

22. I HEREBY CERTIFY, That I attended deceased from August 15 1931 to October 28 1933
I last saw him alive on October 28 1933. Death is said to have occurred on the date stated above, at 7:45 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic interstitial nephritis	Aug. 4, 1931.
Chronic prostatitis	Aug. 12, 1931.
137	
37A	

Other contributory causes of importance:

Chronic polyarthritis	April 3, 1933
137	

Name of operation Date of
What test confirmed diagnosis? Microscopic 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) Clarence E. Crosby D.O. ~~M.D.~~
(Address) 204 Main St, Festus, 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.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

V. S. No. 2

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2
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