

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

Do not use this space.

40696

JAN 26 1934

1. PLACE OF DEATH

61 County Macon Registration District No. 5-30 File No.
Township Maple Primary Registration District No. 3708 Registered No.
City South Gillard (No. St. Ward)

2. FULL NAME F. M. Magers

(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 <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		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct. 31-1848</u>		
7. AGE	YEARS	MONTHS
	<u>85</u>	<u>1</u>
		DAYS
		<u>21</u>
		If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired Farmer</u>	
	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)		
FATHER	13. NAME <u>Joseph Magers</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ill.</u>	
MOTHER	15. MAIDEN NAME <u>Unknown</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>	
17. INFORMANT <u>F. M. Magers</u> (ADDRESS) <u>1229 S. Cross</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Indian Hill</u> DATE <u>Dec. 23, 1933</u>		
19. UNDERTAKER <u>W. H. & C. Collins</u> (ADDRESS) <u>South Hill</u>		
20. FILED <u>10 Jan 1934</u> <u>Mr. Lloyd Baker</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

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

I HEREBY CERTIFY, That I attended deceased from Dec 22, 1933, to Dec 23, 1933
I last saw h. alive on 19..... Death is said to have occurred on the date stated above, at 5 1/2 m.

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

Senile old age
Flu
Other contributory causes of importance: None

Date of onset
1933
Dec 15
to Dec
22 1933

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

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) W. H. G. Cook M. D.
(Address) Elmer

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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