MAR 24 1934

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

Do not use this space.

1. PLACE OF DEATH
County Howard — Registration District No. 376
Township — Primary Registration District No. 4320
City Armstrong (No. ..... St. ..... Ward) — File No. 4719
Registered No. .....

2. FULL NAME William H Bagby

(a) Residence, No. Armstrong St. Ward ALTU (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 77 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 16 1865

7. AGE: Years 68 | Months 8 | Days 18 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Druggist
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): Dec 1933
11. Total time (years) spent in this occupation: 50 yrs.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Howard Co Mo

FATHER
13. NAME: Dr Robert J Bagby
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Rockbridge Co Va

MOTHER
15. MAIDEN NAME: Permelia Thompson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Virginia

17. INFORMANT (ADDRESS): Mollie W Bagby Armstrong Mo

18. BURIAL, CREMATION, OR REMOVAL: PLACE Walnut Grove DATE Feb 5 1934

19. UNDERTAKER (ADDRESS): H. Oldham Armstrong Mo

20. FILED 2/3 1934 W. R. Williamson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Feb 3 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 29 1934, to Feb 3 1934
I last saw him alive on Feb 3 1934. Death is said to have occurred on the date stated above, at 3:45 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	1930
Uremia	

Other contributory causes of importance: Arterio-Sclerosis

Name of operation ..... Date of .....
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 ....., 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. M. Dickerson, M. D.
(Address) Armstrong 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.

WHITE PAPER, WITH UNFADING INK—THIS IS A PERMANENT RECORD