

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

Do not use this space.

**791  
1003**

**27496**

**1. PLACE OF DEATH**

County..... Registration District No.....  
Township..... Primary Registration District No.....  
City St. Louis (No. St. John's Hosp.) St. 7741 Ward.....

**2. FULL NAME**

(a) Residence, No. Betty Jane Mines St. NR Ward. Cape Girardeau MO  
(Usual place of abode) (If non-resident, give city or town and State)

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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 22-1933  
7. AGE YEARS 1 MONTHS 0 DAYS 5 If LESS than 1 day, ..... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Nil  
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) Cape Girardeau MO

13. NAME Eugene Mines

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cape Girardeau MO

15. MAIDEN NAME Eugene Mines

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cape Girardeau MO

17. INFORMANT (ADDRESS) Eugene Mines Cape Girardeau

18. BURIAL, CREMATION, OR REMOVAL PLACE Cape Girardeau DATE 7-30-34

19. UNDERTAKER (ADDRESS) W. H. Enckel

20. FILED J. Brebeck Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 27, 1934

22. I HEREBY CERTIFY, That I attended deceased from July 26, 1934, to July 27, 1934  
I last saw him alive on July 27, 1934. Death is said to have occurred on the date stated above, at 10 A.M.

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

cellulitis of shoulder caused by thrombosis  
Date of onset 9

Other contributory causes of importance:

152-1

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?.....  
If so, specify.....

(Signed) J. P. Costello, M. D.  
(Address) Cape Girardeau MO

CAUSE OF DEATH - print terms, so that it can be read.

10 1534

Go 7500  
4500

Taylor

W. Taylor  
1-8

10

I hereby certify that Betty Jane Meinz who passed away  
July-27-1934 and Betty Jane Wagner is the same  
child who's certified copy of birth certificate is  
hereby attached. the reason for the change in name due  
to the fact that Mr's Wagner left the child with me to  
raise I had never adopted the child but was using the name  
of Meinz

Mrs Pearl Meinz

Subscribed and sworn to before me  
This 13. day of September, 1934.

Just Buckley  
Notary Public

My Commission Expires  
Feb 27. 1936.

5(2)-27496

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

ALL INFORMATION CALLED  
FOR MUST BE WRITTEN ON  
THIS SUPPLEMENTARY.

**1. PLACE OF DEATH**

County.....

Registration District No. 291

Township.....

Primary Registration District No. 403

City St. Louis (No. St. Johns Hwy)

St. .... Ward)

File No. ....  
Registered No. 2741

**2. FULL NAME** Betty Jane Wagoner

(a) Residence, No. ....  
(Usual place of abode)

St. 11 R Ward. Cap. Guards and M

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**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED single (write the word)

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 27, 1934

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Chief

22. I HEREBY CERTIFY, That I attended deceased from .....

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

I last saw him alive on ....., 19..... Death is said to have occurred on the date stated above, at.....m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day.....hrs. or.....min.

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

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.  
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.....

Other contributory causes of importance:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

13. NAME Lester Wagoner

Name of operation..... Date of.....

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wayne Mo

What test confirmed diagnosis?..... Was there an autopsy?.....

15. MAIDEN NAME Ruth J. Douglas

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?..... Date of injury....., 19.....

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

Where did injury occur?..... (Specify city or town, county, and State)

17. INFORMANT (ADDRESS) Lester Wagoner 10 S. Sprague St.

Specify whether injury occurred in industry, in home, or in public place.

18. BURIAL, CREMATION, OR REMOVAL 11

Manner of injury.....

Nature of injury.....

PLACE..... DATE..... 19.....

24. Was disease or injury in any way related to occupation of deceased?.....

If so, specify.....

19. UNDERTAKER (ADDRESS)

(Signed)....., M. D.

20. FILED..... 19.....

(Address).....

Registrar.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

SUPPLEMENTARY

S(2)-27496