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.

SEP 25 1935

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

Do not use this space.

25946

File No. 22

Registered No. 20

Registration District No. 207

Primary Registration District No. 4125

1. PLACE OF DEATH

25 County Clinton

Township

4 City Plattsburg Mo (No. , St. Ward)

2. FULL NAME Mrs Victoria Waggoner

(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 9 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female

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 George Waggoner

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 26-1848

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
87	4	10	

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housekeeping

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) Ill

FATHER

13. NAME James Collins

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky

MOTHER

15. MAIDEN NAME Elizia

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

17. INFORMANT Mrs Elsie Waggoner
(ADDRESS) Plattsburg Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Plattsburg Mo DATE Aug 8 1935

19. UNDERTAKER S. W. Winn
(ADDRESS) Plattsburg Mo

20. FILED 8/7 1935 C. W. Chadain
Reg Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 6 1935

22. I HEREBY CERTIFY, That I attended deceased from April 1931, to Aug 6 1935

I last saw h.. alive on Aug 5 1935. Death is said to have occurred on the date stated above, at 6 a m.

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

	Date of onset
Angina Pectoris	Aug 6
Other contributory causes of importance:	
Arteriosclerosis	1931

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) P. M. Beckman, M. D.

(Address) Plattsburg Mo.