APR 16 1936

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

Do not use this space.

9653

1. PLACE OF DEATH
County Carroll
Township Hill
City ..... (No. ..... St. ..... Ward)

Registration District No. 139
Primary Registration District No. 52000

File No. .....
Registered No. 5

2. FULL NAME Mary Elizabeth Wagy
(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 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 S.A. Wagy

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 19 1880

7. AGE: Years 55 | Months 2 | Days 17 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work
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) Bawn Mo

FATHER
13. NAME L. D. Welcox
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Utica Mo

MOTHER
15. MAIDEN NAME Eliza J Ross
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

17. INFORMANT A S Welcox
(ADDRESS) Fort Collins Colo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Enid DATE 3-10 1936

19. UNDERTAKER F B Norman
(ADDRESS) Carrollton Mo

20. FILED Mar 9 1936 Mrs Nellie Perry
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-8 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept-1 1935, to Mar-8 1936
I last saw her alive on Jan 15 1936 Death is said to have occurred on the date stated above, at 12 45 am.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Uterus	

Other contributory causes of importance: NO

Name of operation None Date of .....
What test confirmed diagnosis? Symptoms 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? .....
If so, specify .....
(Signed) C M Gray, M. D.
(Address) Chillicothe 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.