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.

APR 21 1936

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

Do not use this space.

11586

1. PLACE OF DEATH

County Marion — Registration District No. 551 — File No.

Township Round Grove — Primary Registration District No. 5744 — Registered No.

City Emerson - (P.O. - Maywood) (No. ..... St. ..... Ward)

2. FULL NAME Ruth Heloise Waggener

(a) Residence, No. Maywood, Mo — St. ..... Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 22 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): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 30 - 1913

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	22	11	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
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) Mar. 1936
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Durham, Mo.

FATHER

13. NAME W. Taylor Waggener
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Durham, Mo.

MOTHER

15. MAIDEN NAME Edna Hutcherson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marion Co.

17. INFORMANT (ADDRESS) Mrs. W. Taylor Waggener Durham, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Emerson DATE Mar. 19 1936

19. UNDERTAKER (ADDRESS) Thos. Ball & Son Ewing, Mo.

20. FILED 3 - 23 1936 J. M. Crebs Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 17, 1936

22. I HEREBY CERTIFY, That I attended deceased from Mar. 16, 1936, to Mar. 17, 1936
I last saw her alive on Mar. 17, 1936. Death is said to have occurred on the date stated above, at 5:45 p.m.
The principal cause of death and related causes of importance were as follows:

Status epilepticus — Date of onset

85

Other contributory causes of importance:

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) Dr. C. E. Shiver P.O. M.D.
(Address) Philadelphia, Mo.