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 PERMANENT, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MAY 27 1936

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

Do not use this space.

18028

1. PLACE OF DEATH

County St Louis — Registration District No. 1123 — File No.

Township Carondelet — Primary Registration District No. 6248 B — Registered No. 143

City ~~St Louis~~ Jefferson Barracks Mo (No. U.S. Veterans Hospital St. Ward)

2. FULL NAME Waggoner Raymond F.

(a) Residence, No. 608 Williams St. Alton Illinois Ward
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred — yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 11-4-1889

7. AGE: YEARS 45 — MONTHS 5 — DAYS 7 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

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

10. Date deceased last worked at this occupation (month and year) Oct. 1935

11. Total time (years) spent in this occupation 15

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

FATHER

13. NAME J. P. Waggoner

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jersey County Illinois

MOTHER

15. MAIDEN NAME Effie Lane

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jersey County Illinois

17. INFORMANT (ADDRESS) Mrs Ruby Waggoner 608 Williams St Alton Ill

18. BURIAL, CREMATION, OR REMOVAL PLACE Odd Fellows Cemetery Grafton Ill DATE Apr. 14, 1936

19. UNDERTAKER (ADDRESS) Robert H. Streeper 2521 Edwards St. Alton Ill

20. FILED Apr 13, 1936 G Mowry Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 11, 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct 11, 1935, to Apr 11, 1936

I last saw him alive on 4-11-36, 19.... Death is said to have occurred on the date stated above, at 12 noon m.

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

Carcinoma of Stomach — Date of onset 11-8-36

46

Other contributory causes of importance: Ulcer of the Stomach in Cardiac area apparently adjacent to greater curvature.

Name of operation none — Date of

What test confirmed diagnosis? Physical feeding? Was there an autopsy? Laboratory

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) G. W. Hughes, M. D.

(Address) U.S. Veterans Hospital Jeff. Bkk Mo

V. S. NO. 2
100M-3-28-35