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

JAN 27 1937

Do not use this space.

47477

File No.

Registered No.

1. PLACE OF DEATH
County: Washington
Township: Richwoods
City: (No. , St. Ward)

Registration District No. 889
Primary Registration District No. 6187

2. FULL NAME: Billie Glen Bagsta

(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: male
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): Dec 14 1936

7. AGE: YEARS | MONTHS | DAYS: 1 hr | If LESS than 1 day, hrs. or min.

OCCUPATION
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

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

FATHER
13. NAME: Samuel Bagsta
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Md

MOTHER
15. MAIDEN NAME: Grace Thornhill
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Md

17. INFORMANT (ADDRESS): Sam Bagsta

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Home cem DATE: Dec 16 1936

19. UNDERTAKER (ADDRESS): Family

20. FILED 12-16 1936 O H Paske
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Dec 14, 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 14, 1936, to Dec 15, 19..
I last saw him alive on Dec 14, 1936. Death is said to have occurred on the date stated above, at 12 m. Dec 15
The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature birth	

Other contributory causes of importance:
Seven months of Gestation

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) David Ford, M. D.
(Address) De Soto Mo

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

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