

MAY 27 1937

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

Do not use this space.

1. PLACE OF DEATH

County Lafayette
 Township Davis
 City Corder (No. Ward)

Registration District No. 460
 Primary Registration District No. 4272

File No. 16778
 Registered No.

2. FULL NAME Clifford Bagnell

(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) Married

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

5 Oct 1907

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ... hrs. or min.
29 6 13

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

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) 18 April 1937 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Hugaton, Kansas
 (STATE OR COUNTRY)

13. NAME George O. Bagnell
 14. BIRTHPLACE (CITY OR TOWN) Lafayette County
 (STATE OR COUNTRY)

15. MAIDEN NAME Maude Hodges
 16. BIRTHPLACE (CITY OR TOWN) Lafayette Co.
 (STATE OR COUNTRY)

17. INFORMANT George O. Bagnell
 (ADDRESS) Lexington, Mo.

18. BURIAL, CREMATION, OR REMOVAL Cordre 20 Apr. 1937
 PLACE

19. UNDERTAKER A. H. Hader
 (ADDRESS) Higginsville, Mo.

20. FILED 420 37 Tiffany Webb
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4 - 18 - 1937

22. I HEREBY CERTIFY, That I attended deceased from 4 - 18 - 1937, to 4 - 18 - 1937

I last saw him alive on, 19... Death is said

to have occurred on the date stated above, at 3:30 p.m.

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

Date of onset

Broken neck
(Coroner case)

Other contributory causes of importance:

Name of operation Date of
 What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Accident Date of injury 4/18/37

Where did injury occur? Wilson mine east end
 (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Wilson Miner
 Manner of injury Rock fell on his
 Nature of injury Broken neck

24. Was disease or injury in any way related to occupation of deceased?

If so, specify
 (Signed) E. B. Bristow, M. D.
 (Address) Calouse, 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.

