

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.

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

Do not use this space.

MAY 31 1937

**1. PLACE OF DEATH**

County Call  
Township Bohrian  
City Bohrian (No. \_\_\_\_\_)

Registration District No. 761  
Primary Registration District No. 2422

File No. 17304  
Registered No. 25  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

<b>3. SEX</b> <u>Male</u>		<b>4. COLOR OR RACE</b> <u>white</u>		<b>5. SINGLE, MARRIED, WIDOWED, OR DIVORCED</b> (write the word) <u>married</u>	
<b>5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF</b> <u>Anna Cagon</u>					
<b>6. DATE OF BIRTH (MONTH, DAY, AND YEAR)</b> <u>Dec 21-1858</u>					
<b>7. AGE</b>		<b>YEARS</b>		<b>MONTHS</b>	
		<u>78</u>		<u>4</u>	
		<b>DAYS</b>		<b>IF LESS than 1 day, .....hrs. or .....min.</b>	
		<u>4</u>			
<b>OCCUPATION</b>	<b>8. Trade, profession, or particular kind of work done, as splaner, sawyer, bookkeeper, etc.</b> <u>Farmer</u>				
	<b>9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.</b>				
	<b>10. Date deceased last worked at this occupation (month and year)</b>				
					<b>11. Total time (years) spent in this occupation.</b>
<b>12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)</b> <u>Bohrian, mo</u>					
<b>FATHER</b>	<b>13. NAME</b> <u>Barney Cagon</u>				
	<b>14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)</b> <u>Ohio</u>				
<b>MOTHER</b>	<b>15. MAIDEN NAME</b> <u>Lucinda Long</u>				
	<b>16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)</b> <u>Illinois</u>				
<b>17. INFORMANT (ADDRESS)</b> <u>Barney Cagon Bohrian mo</u>					
<b>18. BURIAL, CREMATION, OR REMOVAL</b>					
<b>PLACE</b>		<b>DATE</b>			
<u>Mt. Ohio</u>		<u>4-26-37</u>			
<b>19. UNDERTAKER (ADDRESS)</b> <u>Hutchings Blue Bohrian mo</u>					
<b>20. FILED</b> <u>4-27-1937 J. P. Roberts Registrar</u>					

**MEDICAL CERTIFICATE OF DEATH**

**21. DATE OF DEATH (MONTH, DAY, AND YEAR)** 4-25-1937

**22. HEREBY CERTIFY**, That I attended deceased from Jan 1, 1933 to Apr 25, 1937

I last saw him alive on Apr 24, 1937 Death is said to have occurred on the date stated above, at 12:30 PM

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

Cardiovascular renal syndrome  
heart failure

Date of onset  
1933

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) Doyle G. McCran, M. D.  
(Address) Bohrian Mo

