

SEP 21 1937

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

Do not use this space.

1. PLACE OF DEATH

County Mississippi Registration District No. 566
Township Franklin Primary Registration District No. 5762
City Charleston (No.) St. Ward)

31250

File No.
Registered No. 148

2. FULL NAME

(a) Residence, No. Mary Wagner #3 Jefferson Ward.
(Usual place of abode)

Length of residence in city or town where death occurred yrs. 7 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Year 1924

7. AGE YEARS 23 MONTHS DAYS If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
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) Graves County Ky.

13. NAME John D. Rogers

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

15. MAIDEN NAME Mary Ann Phelps

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Noah Wagner #3 Jefferson No

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Grove DATE Aug. 9, 37

19. UNDERTAKER (ADDRESS) Frank J. ...

20. FILED 8-9-1937 Registrar.

MEDICAL CERTIFICATE OF DEATH 11 A.M.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 8, 1937

22. I HEREBY CERTIFY, That I attended deceased from on Aug 1, 1937 to Aug 1, 1937, 19... I last saw him alive on Aug 1, 37 Death is said to have occurred on the date stated above at ... m.

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

Cardio-Renal disease D.K. with edema

Other contributory causes of importance:

Name of operation none Date of ...
What test confirmed diagnosis? urine analysis and 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? If so, specify ... (Signed) Chas. Coluring, M. D. (Address) Charleston, 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.

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The first part of the document discusses the importance of maintaining accurate records of all transactions. It emphasizes that every entry should be supported by a valid receipt or invoice. This ensures transparency and allows for easy verification of the data.

In the second section, the author outlines the various methods used to collect and analyze the data. This includes both primary and secondary sources, as well as the specific techniques employed for data processing and statistical analysis.

The third section provides a detailed overview of the results obtained from the study. It highlights the key findings and discusses their implications for the field. The author also addresses any limitations of the study and suggests areas for future research.

Finally, the document concludes with a summary of the main points and a final statement on the significance of the work. The author expresses their appreciation for the support and assistance provided throughout the project.