

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.

SEP 21 1937

1. PLACE OF DEATH

County *Missouri* Registration District No. *562*
Township *Ohio* Primary Registration District No. *5765*
City *Charleston* (No.) St. Ward)

File No. **31259**
Registered No. *142*

2. FULL NAME

(a) Residence, No. *RFD # 3 - Palatka, Pa.* 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

3. SEX *M* 4. COLOR OF FACE *White* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED *Child*

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *April 30 1937*
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. of min.
3 1

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *at home*
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) *Cairo, Ill.*

FATHER 13. NAME *Noah Wagner of*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Leas County Ky*

MOTHER 15. MAIDEN NAME *Mary Rogers*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Plunkettsville Mo*

17. INFORMANT (ADDRESS) *Noah Wagner of RFD # 3 Palatka, Pa.*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Coke Creek Cemetery* DATE *July 31 37*

19. UNDERTAKER (ADDRESS) *Frank Law Funeral Home Charleston Mo*

20. FILED *7-31 1937* *F. D. Overum* Registrar.

MEDICAL CERTIFICATE OF DEATH *10:20 A. M.*

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *July 31 1937*

22. I HEREBY CERTIFY, That I attended deceased from *on July 30 1937* to *July 31 1937*, 19...
I last saw him *live on July 30 1937* Death is said to have occurred on the date stated above, at *11:37* m.
The principal cause of death and related causes of importance were as follows:

Bacterial colitis *7/25/37*
Date of onset
Other contributory causes of importance: *119B*

Name of operation *none* Date of
What test confirmed diagnosis? *el. sympt.* Was there an autopsy? *no*

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 *1*
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify *L. Chas. Polwing* M. D.
(Signed) *Charleston Mo*
(Address)

