

NOV 19 1937

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

Do not use this space.

38196

## 1. PLACE OF DEATH

 County *Marion*  
 Township *S. Miller*  
 City (No. ....)

 Registration District No. *1040*  
 Primary Registration District No. *6276*

 File No. ....  
 Registered No. *10*

## 2. FULL NAME

*Leonard Wolgamatt*  
 (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 (OR) WIFE OF *Clay Wolgamatt*
6. DATE OF BIRTH (MONTH, DAY AND YEAR) *1/30-1855*
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
*82 7 27*

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

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*13. NAME *John Wolgamatt*14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Andrew*15. MAIDEN NAME *Mary Fry*16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Andrew*17. INFORMANT *Everett Wolgamatt* (ADDRESS) *Andrew mo*
 18. BURIAL, CREMATION, OR REMOVAL PLACE *Deaton* DATE *9/78*
19. UNDERTAKER *Fred H. Gillless* (ADDRESS) *Andrew mo*20. FILED *10-29 1937* *CW Winkelman* Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Sept 27 1937*I HEREBY CERTIFY, That I attended deceased from *July 19 1937* to *Sept 27 1937*last saw him alive on *Sept 25 1937* Death is said to have occurred on the date stated above, at *6A* m.

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

*Cancer of Stomach* Date of onset *1934*Other contributory causes of importance: *Ho*

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? *Yes*

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) *C. Mallett*, M. D.(Address) *Brookers, Mo.*

N. B.—Every item of information should be carefully supplied. No stone be left unturned. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

