NOV 22 1937

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

Do not use this space.

File No. 38491

Registered No. 34

1. PLACE OF DEATH
County Pike
Township Cuivre
City Bowling Green (No. ..... St. ..... Ward)
Registration District No. 684
Primary Registration District No. 4408

2. FULL NAME Sarah Kitty Bagby

(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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 10 - 1844

7. AGE: Years 93 | Months 9 | Days 7 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
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) Near Milton Ky

FATHER
13. NAME Randolph Bynum
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

MOTHER
15. MAIDEN NAME Elizabeth McGlaun
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

17. INFORMANT Mrs. Ola Rhine
(ADDRESS) Bowling Green Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Bowling Green Cemetery DATE Oct 20, 1937

19. UNDERTAKER Wyree Funeral Home
(ADDRESS) Bowling Green Mo.

20. FILED Oct 20 1937 W. Bennett Reed
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10 - 18, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 1935 to 10-18, 1935
I last saw h. alive on 10-16, 1937. Death is said to have occurred on the date stated above, at 11 40 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cortic Sclerosis	1927

Other contributory causes of importance: Age

Name of operation none 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? No 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) T. H. Wilcox, M. D.
(Address) Bowling Green 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.