

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.

DEC 17 1937

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

Dr. W. Watch
Do not use this space.

1. PLACE OF DEATH

County *Spencer*

Registration District No. *316*

File No. *41311*

Township

Primary Registration District No. *2001*

Registered No. *1120*

City *Springfield* (No. *3275 N. Summit* St. *1120* Ward)

2. FULL NAME

(a) Residence, No. *3275 N. Summit*

Length of residence in city or town where death occurred

yrs. mos. da.

How long in U. S., if of foreign birth?

yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *2* 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 *Fred Wagner*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Dec. 5-1867*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
69 11 22

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Housecarpenter*
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) *Alma, Kansas*

13. NAME *Alver*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Stowary*

15. MAIDEN NAME *Arden*

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

17. INFORMANT (ADDRESS) *Sister Mary Bonetta*

18. BURIAL, CREMATION, OR REMOVAL PLACE *St. Marys* DATE *Nov 30 1937*

19. UNDERTAKER (ADDRESS) *Beaman, Tompkins*

20. FILED *Nov 29, 1937*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *11/27* 19*37*

22. I HEREBY CERTIFY, That I attended deceased from *Dec* 19*29* to *11-27* 19*37*

I last saw him alive on *11-27* 19*37* Death is said to have occurred on the date stated above, at *5:45* A.M.

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

Disease of valves of heart 1929

Other contributory causes of importance: *Senility*

Name of operation *None* Date of *Nov*

What test confirmed diagnosis? *Physic* Was there an autopsy? *No*

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? *No* Date of injury *Nov*, 19*37*

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 *No* Nature of injury *No*

24. Was disease or injury in any way related to occupation of deceased? If so, specify *No*

(Signed) *W. Watch* M. D. (Address) *Springfield MO.*

Registrar

