

WRITE PLAINLY, WITH UNFADING INK...THIS IS A PERMANENT RECORD

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 20 1937

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

Do not use this space.

1. PLACE OF DEATH

County Wagon Registration District No. 3981  
 Township Blue Primary Registration District No. 3019  
 City Independence, Mo. (No. Independence) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. 41464  
 Registered No. 371

2. FULL NAME

(a) Residence, No. 10305 Hill 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 W.H. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Child  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Child  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 15, 1937  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.

OCCUPATION  
 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. Child  
 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) Independence, Mo.

FATHER  
 13. NAME N. E. Wagoner

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Meridian, Mo.

MOTHER  
 15. MAIDEN NAME Velma Crumpton

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Capri, N. Mex.

17. INFORMANT (ADDRESS) N. E. Wagoner 10305 Hill

18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Hill DATE Nov. 16, 1937

19. UNDERTAKER (ADDRESS) Geo. C. Carson Independence, Mo.

20. FILED 11-19-37 J. R. Cook Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 15, 1937

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_

I last saw him alive on \_\_\_\_\_, 19\_\_\_\_. 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:

Still Born  
Premature Prolapsed Placenta  
 Date of onset \_\_\_\_\_

Other contributory causes of importance:

Prematurity gestation 6 mps 20 days

Name of operation spontaneous abortion Date of \_\_\_\_\_ 11/8/37

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. NO

Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_

24. Was disease of injury in any way related to occupation of deceased? NO  
 If so, specify \_\_\_\_\_

(Signed) George V. Torgin, M. D.  
 (Address) Independence, Mo.

