

JAN 20 1938

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

Do not use this space.

1. PLACE

(a) Cur

(b) Tow

(c) C

PLACE OF DEATH

County LewisTownship LewistownCity Lewistown (No. 481)Registration District No. 481Primary Registration District No. 4290File No. 45884Registered No. 13St. Mo. Ward 13

2. FULL NAME

(a) Residence, No.

(Usual place of abode)

St.

Ward.

Length of residence in city or town where death occurred 1 yr.

mos.

ds.

How long in U. S., if of foreign birth? 1 yr.

mos.

ds.

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

male

4. COLOR OR RACE

white5. SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)married5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OFJudith Catherine Bagby

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Sept 28 - 1858

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, ... hrs.
or min.792178. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.Harnessmaker9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.Harness Shop10. Date deceased last worked at
this occupation (month and
year)Oct 15 1934

11. Total time (years)

spent in this
occupation 40 yrs12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Monticello Lewis Co
Missouri

13. NAME

Robert W. Bagby14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Grant Co
Kentucky

15. MAIDEN NAME

Nancy Yalton16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Kentucky

17. INFORMANT

(ADDRESS)

James A. Coder

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Lewistown Mo

DATE

Dec 17 1937

19. UNDERTAKER

(ADDRESS)

James A. Coder

20. FILED

Dec 17 1937 James A. Coder

Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from

July 1937 to Dec 15 1937last seen alive on Dec 15 1937 Death is saidto have occurred on the date stated above, at 7:45 p.m.

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

Nephritis

Date of onset

years

Other contributory causes of importance:

SenilityName of operation None

Date of

What test confirmed diagnosis? None 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 _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) Harry J. Coder(Address) Lewistown Mo

