

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

Do not use this space.

2323

**1. PLACE OF DEATH**

County Carroll  
Township Carroll  
City Carrollton (No. \_\_\_\_\_)

Registration District No. 135  
Primary Registration District No. 3010

File No. \_\_\_\_\_  
Registered No. 3 Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

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.

Clarence Edgar Waggoner

**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**

Lena Waggoner

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

Dec 4 - 1884

**7. AGE**

YEARS

MONTHS

DAYS

If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

53

1

6

OCCUPATION

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

Merchant

**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)**

Jan 8 - 1938

**11. Total time (years) spent in this occupation**

30

**12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)**

Boonville, Mo.

**13. NAME**

Thaddeus Waggoner

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

Kentucky

**15. MAIDEN NAME**

Harrison

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

Missouri

**17. INFORMANT (ADDRESS)**

Mr. Lena Waggoner

**18. BURIAL, CREMATION, OR REMOVAL**

PLACE Int. Gen.

DATE Jan 13 - 1938

**19. UNDERTAKER (ADDRESS)**

E. A. Dickerson

**20. FILED**

1-13 - 1938

John Haskins

Registrar

**MEDICAL CERTIFICATE OF DEATH**

**21. DATE OF DEATH (MONTH, DAY, AND YEAR)**

Jan 10 - 1938

**22. I HEREBY CERTIFY, That I attended deceased from**

Jan 9 - 1938, to Jan 10 - 1938

I last saw him alive on Jan 6 - 1938. Death is said to have occurred on the date stated above, at 4 P. m.

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

Systolic Appendicitis, Peritonitis

Date of onset

Other contributory causes of importance:

**RECEIVED**

Name of operation FEB 23 1938 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 \_\_\_\_\_ 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 of injury in any way related to occupation of deceased?**

If so, specify \_\_\_\_\_

(Signed) \_\_\_\_\_

(Address) Carrollton, Mo. M. D.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

