REC'D JUL 20 1938

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

Do not use this space.

21630

File No.
Registered No. 95

1. PLACE OF DEATH
County Clay
Township Fishing River
City Excelsior Springs, Mo. (No. Vet. Administration St. Ward)

Registration District No. 198
Primary Registration District No. 3011

2. FULL NAME DAGG, Dr. George R.
(a) Residence, No. Vet. Administration St., Ward. Warrensburg, Mo.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. 26 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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~~ Maud Dagg

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1-30-83

7. AGE

Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
56	5	14	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Physician
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown
10. Date deceased last worked at this occupation (month and year) Unknown
11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dallas, West Virginia

FATHER
13. NAME Hiram H. Dagg
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wash. Pennsylvania

MOTHER
15. MAIDEN NAME Josephine Kimmons
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dallas, West Virginia

17. INFORMANT (ADDRESS) Hospital Records

18. ~~BURIAL, CREMATION, OR~~ REMOVAL
PLACE Kansas City Mo DATE 7-14- 1938

19. UNDERTAKER Rose and Henderson
(ADDRESS) Kansas City Missouri

20. FILED July 14 1938 Lorena McCracken Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 14, 1938, 19

22. I HEREBY CERTIFY, That I attended deceased from June 18, 1938, 19 to July 14, 1938, 19
I last saw him alive on July 14, 1938. Death is said to have occurred on the date stated above, at 8:30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Congestive heart failure	
Other contributory causes of importance:	
Arteriosclerotic heart	

Name of operation none Date of --
What test confirmed diagnosis? Exam. & Obs. 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) E. K. MOORE, M.D., M. D.
(Address) Veterans Administration
Excelsior Springs, 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.

Dr McCracken
208 S Street

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