

NOV 14 1938

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

Do not use this space.

36250

1. PLACE OF DEATH

County Marion
Township Mason
City Hannibal

Registration District No. 547
Primary Registration District No. 3039
(No. St. Elizabeth Hospital)

File No. _____
Registered No. 270
St. _____ Ward _____

2. FULL NAME

John Bradford Kagar

(a) Residence, No. Philadelphia, Mo. St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

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 Demie Joyner Kagar

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 16, 1866

7. AGE YEARS 71 MONTHS 10 DAYS 12 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as splaner, sawyer, bookkeeper, etc. Farmer

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) 1938 11. Total time (years) spent in this occupation 0

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marion County, Mo.

13. NAME David Kagar

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

15. MAIDEN NAME Matilda Duncan

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

17. INFORMANT (ADDRESS) Mrs. J.B. Kagar Philadelphia, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE (ADDRESS) Phil. Mo. Ebenezer Cemetery DATE 10/20/38

19. UNDERTAKER (ADDRESS) Lewis Bros. Albany, Mo.

20. FILED Oct 19, 1938 H. C. Fisher Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 18, 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 13, 1938 to Oct 17, 1938

I last saw him alive on Oct 17, 1938. Death is said to have occurred on the date stated above, at 9:30 m. a. m.

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

Increasing Brain
Automobile Injury

Date of onset

Other contributory causes of importance: 710 1/2

Name of operation _____ 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 Oct 13, 1938

Where did injury occur? On Highway (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Brain Injury

Nature of injury Brain injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify: _____

(Signed) H. C. Fisher M. D.
488 (Address) Philadelphia, 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.

