

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

36408  
 Do not use this space.

REC'D NOV 14 1938

**1. PLACE OF DEATH**

(a) County Nodaway Registration District No. 625  
 (b) Township \_\_\_\_\_ Primary Registration District No. 8031  
 (c) City Maryville (d) Street No. \_\_\_\_\_ Registered No. 110  
 (If death occurred in Hospital or Institution, write its name instead of street and number) St. \_\_\_\_\_  
 (e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

**2. PRINT FULL NAME** Mrs. Isabelle T. Bagby

(a) Residence, No. Maryville, Mo. St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Benjamin F. Bagby  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 8, 1859  
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, ..... hrs. or ..... min.  
79      6      16

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home  
 9. Industry or business in which work was done, as saw mill, bank, etc. \_\_\_\_\_  
 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) Decatur Co., Ind.

FATHER 13. NAME Andrew Young  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Scotland.

MOTHER 15. MAIDEN NAME Mary Daily  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland.

17. INFORMANT (ADDRESS) Mrs. J. A. O'Riley  
Maryville, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Mary's DATE Oct. 26 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Cummins furn. Co.  
Maryville, Mo.

20. FILED Oct 25, 1938 Marie E. Clardy  
 Local Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 24 19 38

22. I HEREBY CERTIFY, That I attended deceased from from 1938 to Oct 23, 1938  
 I last saw her alive on Oct 23, 1938 & Death is said to have occurred on the date stated above, at 6:30 a.m.

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

General arteriosclerosis (not heavy)  
8213-  
 Date of onset \_\_\_\_\_

Other contributory causes of importance:  
Cerebral Thrombosis Oct. 22-38

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? apex 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) J. A. Blemer, M. D.  
 (Address) Maryville, Mo.  
556

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.

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, \_\_\_\_\_

*J. Blumstein*

or by \_\_\_\_\_

Registered Apprentice No. 1675, working under my personal supervision.

Signed \_\_\_\_\_

*J. Blumstein*

Licensed Embalmer No. 1675

P. O. Address Marysville Md

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**