

NOV 17 1938

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

Do not use this space.

1. PLACE OF DEATH

County Ray
Township Ray
City Raysen

Registration District No. 742
Primary Registration District No. 5977a

File No. 36623
Registered No. _____
St. _____ 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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF ✓

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 27 - 1887

7. AGE YEARS 56 MONTHS 7 DAYS 21 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, 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)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo. 0

13. NAME Thomas Jaggart

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo. 0

15. MAIDEN NAME Ellen E.oney

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ny 1

17. INFORMANT (ADDRESS) Joseph Jaggart

18. BURIAL, CREMATION, OR REMOVAL PLACE Raysen DATE Oct 20, 1938

19. UNDERTAKER (ADDRESS) Edwin Shouse

20. FILED Oct 20 1938 Edwin Shouse Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from June 1936, to Oct 19, 1938

I last saw him alive on Oct 19, 1938 Death is said

to have occurred on the date stated above, at 5:30 AM

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

Cardiac Failure - Chronic Myocarditis - Decubid Ulcers - Essential Hypertension

Other contributory causes of importance: gac

Name of operation _____ Date of _____

What test confirmed diagnosis? Colonial 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) Detlef E. Buehner M. D.

(Address) Raysen

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.

RECEIVED
District Health Officer No. 8,
District File Number 11/3/38
Date Filed

