

REC'D MAR 20 1939

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

Do not use this space.

5727

1. PLACE OF DEATH

County *Adair*Registration District No. *4*

Township

Primary Registration District No. *3001*City *Kirksville*(No. *Quinlin's Hotel*)

File No.

Registered No. *42*St. *2* Ward)

2. FULL NAME

(a) Residence, No. *2516*

(Usual place of abode)

John L. Waggoner

St.

Ward.

(If nonresident, give city or town and State)

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

M.

4. COLOR OR RACE

W.

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Widowed

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

Not Known

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

12 - 12 - 1873

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

*65**2**10*

OCCUPATION

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

Day Labor

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)

Adair Co Missouri

MOTHER / FATHER

13. NAME

Samuel Waggoner

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

W. Va.

15. MAIDEN NAME

Elizabeth Cook

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

Adair Co Missouri

17. INFORMANT (ADDRESS)

*J. L. Waggoner
Kirksville Mo. R.R.*

18. BURIAL, CREMATION, OR REMOVAL

PLACE *Hazel Creek Union*DATE *Feb. 24**1939*

19. UNDERTAKER (ADDRESS)

*Dee Riley Funeral Home
Kirksville Mo.*

20. FILED

*Feb 25**1939**Spencer L. Freeman*
Registrar.

MEDICAL CERTIFICATE OF DEATH

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

2 22 1939

22. I HEREBY CERTIFY, That I attended deceased from

Feb. 20, 1939, to *Feb. 22*, 1939.I last saw him alive on *Feb. 22*, 1939. Death is saidto have occurred on the date stated above, *at 10 p.m.*

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

Bronchopneumonia - Feb. 16?

Date of onset

Other contributory causes of importance:

Asthma, Mitral Insuff.

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, 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?

If so, specify

3 (Signed) *A. R. Fuller, D.O.*, M.D.

(Address)

Kirksville 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.

RECEIVED

District Health Officer No. 10

District File Number 10-39-262

Date Filed MAR 10 1939