

REC'D APR 10 1939

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

12538

Do not use this space.

## 1. PLACE OF DEATH

(a) County Stoddard 2  
(b) Township Castor  
(c) City Osceola, Mo. 21 (d) Street No. 837  
Primary Registration District No. 6099

Registered No. \_\_\_\_\_

(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

## 2. PRINT FULL NAME

(a) Residence, No. 210 John Edmond Bagby St. ☐  
(Usual place of abode, if no street address, write county or city) (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 Effie Bagby  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 24 1880  
7. AGE YEARS 59 MONTHS 4 DAYS 7 If LESS than 1 day, hrs. or min.OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. \_\_\_\_\_  
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) 2-21-39 11. Total time (years) spent in this occupation 4 1/2

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) \_\_\_\_\_

FATHER 13. NAME John W. Bagby S  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown SMOTHER 15. MAIDEN NAME Eliza Senner S  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown17. INFORMANT (ADDRESS) Effie Bagby  
11 Essex, Mo. R 218. BURIAL, CREMATION, OR REMOVAL PLACE Bloomfield DATE April 2 193919. FUNERAL DIRECTOR (NAME) (ADDRESS) W. A. Watkins  
2101 N. 1st St.20. FILED 4-1 1939 Boonie Punch  
Local Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 31 4:30 1939

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_

I last saw him alive on about 5:30 Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.

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

Heart - the historyowned byIt was supplied

Other contributory causes of importance \_\_\_\_\_

Heart Brownfound dead in field

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ 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? \_\_\_\_\_

If so, specify \_\_\_\_\_

(Signed) J. T. Brandon, M. D.(Address) Osceola, Mo.

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, or by.....

*William C. Shelton*

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

*William C. Shelton*

Licensed Embalmer No. *3929*

P. O. Address *Dexter, Mo*

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.