

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.

JUN 14 1939

740

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

Do not use this space.

18090

1. PLACE OF DEATH

County CochranRegistration District No. 85Township WashingtonPrimary Registration District No. 1001City St. Joseph (No. State Hosp #2)

File No. _____

Registered No. 535

St. _____ (Ward)

2. FULL NAME

(a) Residence, No. _____ St., _____ Ward.

(Usual place of abode)

Excelsior Springs Mo.
(If nonresident, give city or town and State)Length of residence in city or town where death occurred 0 yrs. 9 mos. 11 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

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

H. D. Wagon

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

Jan 18, 1877

7. AGE

YEARS

62

MONTHS

4

DAYS

9

If LESS than 1 day, hrs. or min.

OCCUPATION

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

Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

None

10. Date deceased last worked at this occupation (month and year).....

July 1938

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

40

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

Missouri

13. NAME

John W. Guines

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

Mo.

15. MAIDEN NAME

Rebecca Holt

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

North Carolina

17. INFORMANT (ADDRESS)

State Hosp #2 Records

18. BURIAL, CREMATION, OR REMOVAL

PLACE Excelsior Springs Mo DATE May 21 1939

19. UNDERTAKER (ADDRESS)

Clara Pachard
Excelsior Springs Mo

20. FILED

May 21, 1939 A. J. Muthbach
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 21 193922. I HEREBY CERTIFY, That I attended deceased from Aug 10, 1938, to May 21, 1939.I last saw him alive on May 20, 1939. Death is saidto have occurred on the date stated above, at 12:30 A.M.

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

Embolism of intrinsic cerebral artery by infarcted thrombi from pyogenic infection of heart

Other contributory causes of importance:

SenilityName of operation None Date of _____What test confirmed diagnosis? Chy. test 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) Donald W. Breit, M. D.(Address) State Hosp #2
St. Joseph Mo.

Date of onset

May
18

SEP 16 1941