

JUN 20 1939

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

19470

Do not use this space.

1. PLACE OF DEATH

(a) County Pettis

(b) Township

(c) City Sedalia

(e) Length of residence in city or town where death occurred

Registration District No. 665Primary Registration District No. 6663032Registered No. 178(d) Street No. 1001 West Broadway

(If death occurred in Hospital or Institution, write its name instead of street and number)

(f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

James E. Bagby(a) Residence, No. 1001 West BroadwaySt. ☐

(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 OFIda Wilson Bagby6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 4, 1862

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, ... hrs.
or min.76521

OCCUPATION

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

Retired Banker

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)BeamanMissouri

FATHER

13. NAME

David A. Bagby14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)CovingtonKentucky

MOTHER

15. MAIDEN NAME

Susan Bourne16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)MonticelloMissouri17. INFORMANT
(ADDRESS)Emmett E. Bagby
Sedalia, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE McGee Chapel Cem. DATE May 27, 193919. FUNERAL DIRECTOR (NAME)
(ADDRESS)Gillespie Funeral Home
Sedalia, Mo.

20. FILED

May 26, 1939 Miss Harry Snider
Legal Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 25, 1939

22. I HEREBY CERTIFY, That I attended deceased from

Mar 1 - 1935, to May 25 - 1939I last saw him alive on May 25 - 1939 Death is saidto have occurred on the date stated above, at 8 m.

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

Date of onset

careless of prostate gland

Other contributory causes of importance:

age, senility

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? no

If so, specify

(Signed)

(Address)

M. D.

Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD

I X14028

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
Date Filed 6/11/39

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,
Geo. Dillard, or by
Registered Apprentice No. _____, working under my personal supervision.

Signed Geo. Dillard

Licensed Embalmer No. 3868

P. O. Address Sedalia, 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.