

JUL 17 1939

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

21827

Do not use this space.

1. PLACE OF DEATH

(a) County Cass Registration District No. 157
 (b) Township Pleasant Hill Primary Registration District No. 5221
 (c) City St. Louis (d) Street No. 27 St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (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 A. Cio. A. Bagby St. 1
 (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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF William Bagby
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7-13-1853
 7. AGE YEARS 85 MONTHS 11 DAYS 14 If LESS than 1 day, hrs. or min.
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housekeeper
 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) St. Louis, Mo.13. NAME Samuel G. Hooper14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky15. MAIDEN NAME Scriptina16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky17. INFORMANT (ADDRESS) Mrs. Earl R. Hooper18. BURIAL, CREMATION, OR REMOVAL PLACE Lee's Summit DATE 6/29/3919. FUNERAL DIRECTOR (NAME) (ADDRESS) W. H. Mosinger20. FILED June 28 1939 Mrs. Etta M. Aldridge Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 27, 1939I HEREBY CERTIFY That I attended deceased from 6/27, 1939, to 6/27, 1939I last saw her alive on not at see, 19..... Death is said to have occurred on the date stated above, at 10:00 P. m.

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

Apoplexy
Chronic Myocarditis

Date of onset 6/27/39

Other contributory causes of importance:

Senility

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? no

If so, specify.....

(Signed) Overland, M. D.(Address) Pleasant Hill, 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, _____

D. H. Noflinger, or by _____
Registered Apprentice No. _____, working under my personal supervision.

Signed D. H. Noflinger
Licensed Embalmer No. 2938
P. O. Address Pleasant Hill, 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.