

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

25236
Do not use this space.

1939 AUG 10

1. PLACE OF DEATH

(a) County Cahaway 2 Registration District No. 105
 (b) Township Cote Sandjen 1 Primary Registration District No. 5161
 (c) City (d) Street No. Registered No. 26
 (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. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

John Henry Bagley
 (a) Residence, No. St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED WIDOWED
 (write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JUNE 24, 1865

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
74 1 3

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. RETIRED
 9. Industry or business in which work was done, as saw mill, bank, etc. Farmer
 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) ILLINOIS 1

FATHER 13. NAME AMOS BAGLEY 1

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) KENTUCKY 1

MOTHER 15. MAIDEN NAME ELIZABETH METZ

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

17. INFORMANT (ADDRESS) CLAUDE BAGLEY
MOKANE, MO

18. BURIAL, CREMATION, OR REMOVAL PLACE MOKANE DATE July 29, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Glen Y. Marpin
700 Court St. Fulton, Mo.

20. FILED 7/29 1939 W.H. Williamson
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 27, 1939

22. I HEREBY CERTIFY That I attended deceased from 1937 to July 27, 1939
 I last saw him alive on July 26, 1939. Death is said to have occurred on the date stated above, at 8:30 A.M.
 The principal cause of death and related causes of importance were as follows:

Abscess of kidney (left) Date of onset 1937
and secondary emphysema
53
 Other contributory causes of importance:
Tumor of stomach colon 1938
probably malignant. N. M. D.

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
 (Signed) W.H. Williamson, M. D.
Mokane Mo
 (Address) 107

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.

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.