REC'D SEP 21 1939

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

29573
Do not use this space.

1. PLACE OF DEATH
(a) County Lincoln Registration District No. 486
(b) Township Primary Registration District No. 4293 Registered No. 23
(c) City Elsberry (d) Street No. 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 256 Kate Waggoner
(a) Residence, No. 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 Female
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Chas S Waggoner

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 3 - 1864

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
74	10	20	

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)
11. Total time (years) spent in this occupation 0

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lincoln Co Mo. 0

FATHER
13. NAME Caleb B. Childs 9
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lincoln Co Mo

MOTHER
15. MAIDEN NAME Sophia Allen
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Mrs Alma Davis Elsberry Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Star Hope DATE July 25 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) W. D. Bradley Elsberry Mo

20. FILED 9-9- 1939 - Etta Powell
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 23 1939

22. I HEREBY CERTIFY, That I attended deceased from 7-22, 1939 to 7-23, 1939
I last saw her alive on 7-23, 1939 Death is said to have occurred on the date stated above, at 9:00 p.m.
The principal cause of death and related causes of importance were as follows:

Apoplexy
Hypertension
Date of onset

Other contributory causes of importance:
Chronic Hypertrophic Arthritis

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) Henry C. Huntley, M. D.
(Address) Elsberry, Mo

Licensed Embalmer's Statement on Reverse Side)

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.

I X14028

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, ...

W. H. Bradley, or by .....

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

Signed W. H. Bradley

Licensed Embalmer No. 8966

P. O. Address Elsberry 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.