

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

Do not use this space.

FILED APR 9 1946

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1. PLACE OF DEATH
County Franklin Registration District No. 108
Township _____ Primary Registration District No. 4179
City Senath Mo (No. _____) St. _____ Ward _____

2. FULL NAME WILLIAM JACKSON CAGLE
(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (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 Married!
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lula Cagle
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) aug 11 - 1876
7. AGE YEARS 69 MONTHS 6 DAYS 28 If LESS than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farming
9. Industry or business in which work was done, as silk mill, 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) Alabama
13. NAME James Riley Cagle
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown
15. MAIDEN NAME Elizabeth Gutsey
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown
17. INFORMANT Mrs Lula Cagle (ADDRESS) Senath Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE Liberty cemite DATE 3/10 - 1946
19. UNDERTAKER W.T. Emery & Co (ADDRESS) Franklin Mo
20. FILED 3/15 1946 Mr J. N. Harries Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-8 - 1946
22. I HEREBY CERTIFY, That I attended deceased from July 1944 19 to March 8 1946
I last saw him alive on March 6 1946 Death is said to have occurred on the date stated above, at 7:30 p.m.
The principal cause of death and related causes of importance were as follows:
Hypertensive Heart Disease D.K.
Arteriosclerosis D.K.
Other contributory causes of importance: _____
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) M. C. Glasgow, M. D.
(Address) Carroll Mo 3/9/1946

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

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.

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Handwritten mark

RECEIVED

District Court Office No. 2

District File Number 446-487

Date Filed 7-8-46