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

Do not use this space.

25169

1. PLACE OF DEATH

County Jackson — Registration District No. 333

Township Kaw — Primary Registration District No. 1003

City Kansas City — (No. Wesley Hospital St.) — File No. — Registered No. 3160 — (Ward)

2. FULL NAME Ed. R. Waugh

(a) Residence. No. Blairstown Mo. St., X Ward. Urick, Missouri
(Usual place of abode) (If nonresident give city or town and State)

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.

PERSONAL AND STATISTICAL PARTICULARS

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

5a. IF MARRIED, WIDOWED, OR DIVORCED — HUSBAND OF (OR) WIFE OF Pinkie A. Waugh

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feby 16, 1868

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	63	5	5	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Indiana

PARENTS

10. NAME OF FATHER John W. Waugh

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Not known

12. MAIDEN NAME OF MOTHER Julia Hamilton

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) Not known

14. INFORMANT Pinkie A. Waugh

(Address) Blairstown, Mo

15. FILED 7/22, 1931 M. M. Crowe REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 21, 1931

17. I HEREBY CERTIFY, That I attended deceased from July 7th, 1931, to July 21st, 1931, that I last saw h.... alive on July 19th, 1931, and that death occurred, on the date stated above, at 12:35 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pneumonia, Lobar

41 B

1 d

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (SECONDARY) Cancer of Stomach

(duration) yrs. mos. 7 ds.

18. WHERE WAS DISEASE CONTRACTED? Home

IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? yes DATE OF July 14th 31

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Ltd Gastro Enterostomy

(Signed) J. R. Robertson, M. D

7/22, 1931 (Address) Ke mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, ~~CREMATION, OR REMOVAL~~ — DATE OF BURIAL

Blairstown, Mo — 7-23 1931

20. UNDERTAKER — ADDRESS 3235

Stines McClure — Gillham Blvd

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.