

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

Do not use this space.

1688

1. PLACE OF DEATH

58

County Lincoln

Township Benton

City _____ (No. _____)

Registration District No. 504

Primary Registration District No. 43-07

File No. 1

Registered No. 1

St. _____ Ward _____

2. FULL NAME

Charles Bagley

(a) Residence. No. _____ St. _____ Ward _____

(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

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

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

August 17 1921

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

10

4

27

8. OCCUPATION OF DECEASED

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

at home

(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)

Lincoln Missouri

10. NAME OF FATHER

R. C. Bagley

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Lincoln Missouri

12. MAIDEN NAME OF MOTHER

Foster

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Sullivan Missouri

14. INFORMANT

(Address)

R. C. Bagley
Purdine, Mo

15. FILED

2-10, 1932

U. C. Dryden
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

11/4/32 1932

17.

HEREBY CERTIFY, That I attended deceased on July 1, 1931, to Jan 14, 1932 that I last saw him alive on Dec 20, 1931, and that death occurred, on the date stated above, at 8:30 P.M.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Tumor of Brain

55 D

55 D

(duration) yrs. 8 mos. ds.

CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

0 DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) F. H. Bunker, M. D.

1/15, 1932 (Address) Laclede 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

Purdine, Mo.

Jan 17 1932

20. UNDERTAKER

ADDRESS

Thorne & Co. Linn.

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.

FILED 24 1932

