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

Do not use this space.

11606

MAR 23 1929

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.

1. PLACE OF DEATH

County Montgomery — Registration District No. 592 — File No. 22

Township " " — Primary Registration District No. 5791 — Registered No.

City ..... (No. ..... St. ..... Ward)

2. FULL NAME George A. Wagoner

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

Length of residence in city or town where death occurred Life 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	Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 3rd 1928

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

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Near
(STATE OR COUNTRY) Montgomery City Mo

PARENTS

10. NAME OF FATHER Jack Wagoner

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Near
(STATE OR COUNTRY) Montgomery Mo

12. MAIDEN NAME OF MOTHER Della Oliver

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Near
(STATE OR COUNTRY) Mineola Mo

14. INFORMANT Jack Wagoner
(Address) Montgomery City Mo

15. FILED 3/4, 1929 D. J. Bentley REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 3 1929

17. I HEREBY CERTIFY, That I attended deceased from Feb 28, 1929, to March 3, 1929 that I last saw him alive on March 2, 1929, and that death occurred, on the date stated above, at 10:45 PM

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pericarditis, acute with effusion
(duration) Not known yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Not known. If history would judge Influenza (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? —
DID AN OPERATION PRECEDE DEATH? No. DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Physicians. & X-Ray
(Signed) Brull Menefee, M. D
March 4, 1929 (Address) Montgomery 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
New Florence Cemetery	3/4/29

20. UNDERTAKER	ADDRESS
C. W. Hopkins Montgomery	City Mo.