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

Do not use this space.
40311-B

FEB 20 1931

1. PLACE OF DEATH

County Perry — Registration District No. 660 — File No. 58

Township Central — Primary Registration District No. 5878 — Registered No.

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

2. FULL NAME Richard Frederick 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 ..... 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: Single

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Jan. 30th 1877

7. AGE: Years 53 — Months 10 — Days 16 — If LESS than 1 day, ... hrs. or ..... min.

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): Perry County - Mo

PARENTS

10. NAME OF FATHER: John Wagoner
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Germany
12. MAIDEN NAME OF MOTHER: Coraline Fossold
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Perry County - Mo

14. INFORMANT: Edw. Wagoner
(Address): R F D #1 Menfro Mo

15. FILED 12/18, 1930. Geo. J. Meeker, Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Dec, 16th 1930

17. I HEREBY CERTIFY, That I attended deceased from Dec, 16th, 1930, to Dec, 16th, 1930, that I last saw him alive on Dec, 16th, 1930, and that death occurred, on the date stated above, at 4,30 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: 82A

Apoplexy.

..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) ..... (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? .....

(Signed) W. H. Barks, M. D

, 19 (Address) Perryville 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: Dry Fork Cemetery — DATE OF BURIAL: 12-18-1930

20. UNDERTAKER: Faulkner Young Ulrich Co — ADDRESS: Perryville Mo

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.