

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

Do not use this space.

12093

1. PLACE OF DEATH

32 County Gasconade Registration District No. 260
Township Calves Primary Registration District No. 5362
City _____ (No. _____) St. _____ Ward _____

2. FULL NAME

Martha J. Wagers
(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 <u>F.</u>	4. COLOR OR RACE <u>W.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>John Wagers</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 26-1864</u>		
7. AGE YEARS <u>67</u>	MONTHS <u>9</u>	DAYS <u>8</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>at home</u>		9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>235</u>
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) <u>Missouri</u>		
13. NAME <u>John A. White</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky</u>		
15. MAIDEN NAME <u>Melissa Galt</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky</u>		
17. INFORMANT <u>Mrs. Bert Wagoner</u> (ADDRESS) <u>Osborn H. 205</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Amity</u> DATE <u>4/6 32</u>		
19. UNDERTAKER (ADDRESS) <u>W. P. Gilchew</u> <u>Marionville Mo.</u>		
20. FILED <u>4-7</u> <u>32</u> <u>Wimfred W. Moser</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

2. DATE OF DEATH (MONTH, DAY, AND YEAR) April 4th 1932

22. I HEREBY CERTIFY, That I attended deceased from January 1st 1932, to April 4th 1932
I last saw her alive on April 2nd 1932. Death is said to have occurred on the date stated above, at 0:30 a.m.
The principal cause of death and related causes of importance were as follows:
high blood pressure
and uraemia
1932

Other contributory causes of importance:
1

Name of operation _____ Date of _____
What test confirmed diagnosis? Urea 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? No
If so, specify _____
(Signed) J. W. Brown, M. D.
(Address) Marionville 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.

CLAY 24 1932

