

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

Do not use this space.

13079

1. PLACE OF DEATH

54 County Lafayette Registration District No. H 6 4
 Township Washington Primary Registration District No. 56 26
 City Mayfield (No. _____) St. _____ Ward _____

File No. 14
 Registered No. 90

2. FULL NAME Charles E. Daggs Sr.

(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) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Wife Daggs
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1/1
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
64 5 21

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
 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) Howard Co. Missouri

FATHER 13. NAME James M. Daggs

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wood Co. Woodford Virginia

MOTHER 15. MAIDEN NAME Thana Louisa Smith

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Glasco Howard Co. Missouri

17. INFORMANT Myself Charles E. Daggs Sr.
 (ADDRESS) Edward Ave

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Springfield DATE 4/5 32

19. UNDERTAKER Springfield
 (ADDRESS) Springfield

20. FILED April 11 1932 - R. E. Schooley
 Registrar

5. MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 3 1932

22. I HEREBY CERTIFY That I attended deceased from 1929 to 1932

I last saw him alive on April 5 of 1932 Death is said to have occurred on the date stated above, at _____ m.
 The principal cause of death and related causes of importance were as follows:

① Coronary thrombosis
 ② Diabetes mellitus
 ③ Myocarditis
Deed suddenly following exertion - 59
 Other contributory causes of importance: 93D
Arterio-sclerosis

Name of operation _____ Date of _____
 What test confirmed diagnosis? None (Was there an autopsy?) no

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?
 If so, specify _____

(Signed) W. B. Reynolds M. D.
 (Address) Springfield

Exact statement of OCCUPATION is very important.

APR 27 1932

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CERTIFICATE OF DEATH**

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Losspette
Township Washington
City (No.)

Registration District No. 464
Primary Registration District No. 3-624

File No. 14
Registered No. 90
St. Ward)

2. FULL NAME

Charles E. Dagg

(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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED M (write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 12 - 1868

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
64 5 21

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

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)

13. NAME

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE 19..

19. UNDERTAKER (ADDRESS)

20. FILED May 9 1932 R. C. Schooley Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 3 1932

22. I HEREBY CERTIFY, That I attended deceased from

I last saw him alive on, 19... Death is said

to have occurred on the date stated above, at, m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? 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?

If so, specify

(Signed), M. D.

(Address)

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW.
N. B.—Every item of information should be carefully supplied. AGE should be given in YEARS, MONTHS, AND DAYS. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

S-13079