

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

Do not use this space.

9014

APR 26 1935

1. PLACE OF DEATH

County Jackson

Registration District No. 300

Township Man.

Primary Registration District No. 7008

City Kan City

(No. 7024 Benton)

File No. _____

Registered No. 322

St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 7024 Benton 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 divorced

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

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

7. AGE YEARS about 48 MONTHS _____ DAYS _____ If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. sales man
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. nat Ins Co.
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) Kansas

FATHER 13. NAME William E Bagley

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

MOTHER 15. MAIDEN NAME Matilda Kuetner

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

17. INFORMANT Mr Bagley (ADDRESS) 81-20-19-1st Kan

18. BURIAL, CREMATION, OR REMOVAL PLACE Louvy City, Mo. DATE 3/2

19. UNDERTAKER McBeyman (ADDRESS) _____

20. FILED 3/1 1935 W. McCrowe Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 1 1935

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____

I last saw Dr. Owen Case _____, 19____

Death is said to have occurred on the date stated above, at 7:15 m.

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

Cor. Thrombosis myoe infarct.
9/4/35

Other contributory causes of importance:

Name of operation _____ Date of _____
What test confirmed diagnosis Autopsy Was there an autopsy? yes

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) Russell W. Kern, M. D.

(Address) Jackson City Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

