

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.

51 JUL 29 1937

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

Do not use this space.

1. PLACE OF DEATH

County Johnson
Township Johnson
City P.O. - Adams (No. 1)

Registration District No. 429
Primary Registration District No. 5572

File No. 24058
Registered No. 26
St. _____ Ward _____

2. FULL NAME

Marion Elizabeth Wagoner

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 25 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 Female 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 Tom Wagoner

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 29, 1872

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
65 4 25

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

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) Efforts Mo.

MOTHER FATHER 13. NAME Wm Crawford

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

15. MAIDEN NAME Mary Smith

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

17. INFORMANT Tom Wagoner (ADDRESS) Adams Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Cob. Cem. - Johnson DATE June 26 37

19. UNDERTAKER L. B. Heigman (ADDRESS) Adams Mo.

20. FILED June 25, 1937 Mrs. B. V. Redford Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 24, 1937

22. I HEREBY CERTIFY that I attended deceased from May 13, 1937 to June 25, 1937
I last saw her alive on June 20, 1937 Death is said to have occurred on the date stated above at 12:30 p.m.
The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage
& Myocardial Infarction
disease
Date of onset 1937

Other contributory causes of importance:
Supertension
Arteriosclerosis

Name of operation _____ Date of _____
What test confirmed diagnosis? Chronic 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? No
If so, specify _____
(Signed) A. E. Chodoff M. D.
(Address) Adams Mo.

