

REC'D AUG 10 1938

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

Do not use this space.

1. PLACE OF DEATH

County Scott Registration District No. 870
Township Sylvania Primary Registration District No. 6069
City Greene (No.) St. Ward

File No. 26630

Registered No.

2. FULL NAME

Seth Wagner WAGONER 256

(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. 1 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/27 1938

5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (NAME OF) Amy Wagner

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19 .

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 23 - 1866

I last saw h. alive on , 19 . Death is said to have occurred on the date stated above, at 3:00 a.m.

7. AGE YEARS 71 MONTHS 7 DAYS 4 If LESS than 1 day, hrs. or min.

The principal cause of death and related causes of importance were as follows: Found Dead in bed

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

Chronic Myocarditis

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

Other contributory causes of importance: 93 C

10. Date deceased last worked at this occupation (month and year) 1935 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) French Lick Indiana

Senility

13. NAME Unknown 9

Paralysis (stroke suffered about 6 mo ago)

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown 9

Name of operation Date of

15. MAIDEN NAME Unknown 9

What test confirmed diagnosis? Was there an autopsy?

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

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury , 19

17. INFORMANT (ADDRESS) Leslie Wagner
Oran, Mo Senol

Where did injury occur? (Specify city or town, county, and State)

18. BURIAL, CREMATION, OR REMOVAL PLACE Doyola DATE July 29 1938

Specify whether injury occurred in industry, in home, or in public place.

19. UNDERTAKER (ADDRESS) G. S. Hesserer + Co
Oran, Mo

Manner of injury Nature of injury

20. FILED 8/9 1938 G. S. Hesserer Registrar.

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) John F. Hesserer
737 (Address) Hesserer Scott Co
Charleston, Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. Every item of information should be carefully supplied. AGES should be stated EXACTLY. PATIENTS showing signs of N. D. every item of information should be carefully supplied.

