

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

5814  
 Do not use this space.

REC'D MAR 15 1939

**1. PLACE OF DEATH**

(a) County Bates Registration District No. 50  
 (b) Township Mt. Pleasant Primary Registration District No. 3004 Registered No. 7  
 (c) City Butler (d) Street No. Butler Memorial Hospital St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

**2. PRINT FULL NAME**

(a) Residence, No. 210 William Arthur Bagby  
Elkhart Twp. St.   
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept-14-1871

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, ..... hrs. or ..... min.
<u>67</u>		<u>4</u>	<u>25</u>	

OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.	11. Total time (years) spent in this occupation
	<u>Farmer</u>	
	9. Industry or business in which work was done, as saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year)	

12. BIRTHPLACE (CITY OR TOWN) East Boone Twp. 0  
 (STATE OR COUNTRY) Bates Co. Mo. 1

13. NAME James Bagby

14. BIRTHPLACE (CITY OR TOWN) Indiana 1  
 (STATE OR COUNTRY)

15. MAIDEN NAME Sarah Isabelle Zimmer

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

17. INFORMANT W. M. Bagby  
 (ADDRESS) Adrian Mo.

18. BURIAL, CREMATION, OR REMOVAL Green Hill Cem. DATE 2/10 1939

19. FUNERAL DIRECTOR (NAME) Greath & Dix  
 (ADDRESS) Adrian

20. FILED Feb 9 1939 Tha L. Culver  
 Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb-9 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb 8 1939 to Feb 9 1939

I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at 3:40 A.M.

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

Cerebral hemorrhage  
Chr. Hypertension  
Myocarditis

Other contributory causes of importance: 93%

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): Carter W. Luter, M.D.  
53 (Address) Butler, 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.

RECEIVED  
District Health Officer No. 7,  
District File Number 7-39-425-  
Date Filed 3-10-39

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, .....  
and Fred J. Leath Lic # 3343 ..... or by .....

Registered Apprentice No....., working under my personal supervision.

Signed..... [Signature] .....

Licensed Embalmer No. 3650 .....

P. O. Address Adrian Mo .....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.