

CERTIFICATE OF DEATH

Oklahoma State Board of Health

BUREAU OF VITAL STATISTICS

Oklahoma City, Okla.

Register No. 370

1. PLACE OF DEATH
 County Delaware
 Township Lumen
 or
 Village Bush Hill
 or
 City Creedon No. _____ Street _____ Ward _____

Registration
 Dist. No. 62510
 Primary
 Dist. No. _____

360

46-129

(If death occurred in a hospital or institution, give the name instead of street and number. If an industrial camp, the name of the camp to be given.) Wagon
 2. FULL NAME of decedent, if an unnamed child, the surname, preceded by "unnamed" Wagon

PERSONAL AND STATISTICAL PARTICULARS

3. Sex Male 4. Color or Race, as white, or black, mulatto, or other negro Decedent Indian or Chinese, Japanese or other Decedent 5. Single, Married, Widowed or Divorced Widowed
 Write the Word

6. DATE BIRTH May 8 1866
 (Month) (Day) (Year)

7. AGE 66 yrs. 5 mos. 9 days
 If less than one day _____ hrs. or _____ mins.

8. OCCUPATION Housewife
 (a) Trade profession of particular kind or work
 (b) General nature of industry, business or establishment in which employed (or employer)

9. BIRTH PLACE
 At least state or foreign country if known Mo

10. NAME OF FATHER Wagon

11. BIRTHPLACE OF FATHER
 At least state or foreign country if known Mo

12. MAIDEN NAME OF MOTHER Wagon

13. BIRTH PLACE OF MOTHER
 At least state or foreign country if known Mo

14. The above is true to the best of my knowledge.
 Informant J. L. Lewis
 Address Creedon

15. Filed 11-8 1932
J. P. Weaver Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Oct 18 1932
 (Month) (Day) (Year)

17. I HEREBY CERTIFY that I attended deceased, From Oct 18 1932 at Creedon, Mo that I saw him give up the ghost and that death occurred on the date stated above at 2:30 P.M.

THE CAUSE OF DEATH, *Was as follows:
Coronary Thrombosis
Heart Disease
Duration 2 yrs. 6 mos. 10 days
 *Contributory (Secondary) Heart
 (Duration) _____ yrs. _____ mos. _____ days

(Signed) J. P. Weaver M.D.,
10119 1932 (Address) Creedon

*State the disease causing death, or, in deaths from violent causes; state (1) means of injury, and (2) whether accidental, suicidal or homicidal state whether attributed to dangerous or insanitary conditions of employment.

18. LENGTH OF RESIDENCE (for Hospitals, institutions, transient or recent Residents.)
 At place of death _____ yrs. _____ mos. _____ days
 In the State _____ yrs. _____ mos. _____ days
 Where was disease contracted, if not at place of death? Former or usual residence _____

19. PLACE OF BURIAL OR REMOVAL Date of Burial 10/19/32
Bush Hill, Creedon
 Address _____

20. UNDERTAKER J. P. Weaver

V. S. No. 2
 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 very important. See list of causes of death furnished by local registrar.
 (This Margin Reserved for Binding)

PARENTS

MAY 31, 2005