

PLACE OF DEATH
 County Wagoner
 Township _____
 or
 Village _____
 or
 City Wagoner No. _____ Street _____ Ward _____

Registration
 Dist. No. 1328
 Primary
 Dist. No. 1301

CERTIFICATE OF DEATH
 Oklahoma State Board of Health
 BUREAU OF VITAL STATISTICS
 Oklahoma City, Okla.
 118
 Register No. 51

Wagoner
 Charlie Corgan

If death occurred in a hospital or institution, give the name (instead of street and number. If an industrial establishment, give the name of the camp to be given).

FULL NAME of decedent, if an unmarried child, the surname, preceded by "unnamed" 1328

PERSONAL AND STATISTICAL PARTICULARS

1. Sex M
 4. Color or Race, as white, negro, Japanese or other. White
 5. Single, Married, Widowed or Divorced. Married
 Write the word.

2. DATE OF BIRTH
Dec 4 1903
 (Month) (Day) (Year)

AGE
4 yrs. 6 mos. 9 days
 If less than one day _____ hrs. or _____ mins.

OCCUPATION Base Ball
 (A) Trade, profession or particular kind of work
 (B) General nature of industry, business or establishment in which employed (or employer)

BIRTH PLACE Wagoner Okla.
 At least state or foreign country known.

NAME OF FATHER
J. M. Corgan

11. BIRTHPLACE OF FATHER
 At least state or foreign country known
Carro Ill.

12. MARDEN NAME OF MOTHER
Annie Eastin

13. BIRTH PLACE OF MOTHER
 At least state or foreign country known
Winfield Kans.

The above is true to the best of my knowledge.
 Informant J. M. Corgan

Address Wagoner Okla.

Filed June 11 1928
Edna Bateman Registrar

MEDICAL CERTIFICATE OF DEATH

15. DATE OF DEATH
June 13 1928
 (Month) (Day) (Year)

17. I, HEREBY CERTIFY that I attended the deceased from June 12 to June 13 and that I saw him alive on June 13 and that death occurred on the date stated above.

THE CAUSE OF DEATH, "Was as follows:

Carcinoma
 (Duration) 1 yrs.
 Contributory _____ (Duration) _____
 (Duration) _____

(Signed) J. M. Corgan
June 14 1928 (Address) Wagoner Okla.

*State the disease causing death, or, in violent causes, state (1) whether accidental, suicidal, or attributed to dangerous or hazardous employment.

18. LENGTH OF RESIDENCE in this State, institutions, transient or recent residence.
 At place of death _____ yrs.

In the State _____ yrs.
 Where was disease contracted, if not at place of former or usual residence.

19. PLACE OF BURIAL OR REMOVAL
Wagoner Okla.
 To _____

June 13, 1928
 Dec. 4, 1903 Ju

Wagoner
 J.M.Corgan
 Carro, Ill.
 Annie Eastin
 Winfield, Kan

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