

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

Do not use this space.

17006

1. PLACE OF DEATH

County Jackson Registration District No. 397
 Township Rain Primary Registration District No. 1002
 City Kansas City (No. Research Hospital) St. _____ Ward _____

File No. 1905
 Registered No. _____

2. FULL NAME

Wagell M. Gragg
 (a) Residence. No. 4324 Jurbal Ward. _____
 (Usual place of abode) (If nonresident give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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 John R. Gragg

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 27-1905

7. AGE - YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
22	10	4	

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Star Supply Co.
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Kansas City
 (STATE OR COUNTRY) Mo

10. NAME OF FATHER Brund Gragg

11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____
 (STATE OR COUNTRY) Germany

12. MAIDEN NAME OF MOTHER Emma Wakfield

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____
 (STATE OR COUNTRY) England

14. INFORMANT J. R. Gragg
 (Address) 4324 Jurbal

15. May 28 1958 M. M. Brown REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 1st 1958

17. I HEREBY CERTIFY, That I attended deceased from Apr 29, 1958, to May 1st, 1958, and that I last saw him alive on May 1st, 1958, and that death occurred, on the date stated above, at 4:00 A. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Sepsis
115K
35

CONTRIBUTORY (SECONDARY) Diphtheria Infection of throat
 (duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED 10981
 IF NOT AT PLACE OF RESIDENCE _____

DID AN OPERATION PRECEDE DEATH? no DATE OF _____
 WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Culture
 (Signed) R. Donaldson, M.D.
714 Chamber St
St. Louis

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Forest Hill Cemetery DATE OF BURIAL May 3 1958

20. UNDERTAKER P. R. Lindsey Sons ADDRESS City

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 is very important.

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