

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

Do not use this space.

32928

1. PLACE OF DEATH

County Cape Girardeau Registration District No. 124
 Township Boyer Primary Registration District No. 4070
 City Jackson (No.) St. Ward

File No.
 Registered No. 55

2. FULL NAME

Henry Wagner
 (a) Residence. No. St. Ward

(Usual place of abode)
 Length of residence in city or town where death occurred 55 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male **4. COLOR OR RACE** White **5. SINGLE, MARRIED, WIDOWED OR DIVORCED** Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Fredricka Wagner
6. DATE OF BIRTH (MONTH, DAY AND YEAR) 2-6-1853
7. AGE YEARS 75 MONTHS 8 DAYS 24 If LESS than 1 day, ... hrs. or ... min.
8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Blacksmith
 (b) General nature of industry, business, or establishment in which employed (or employer)

9. BIRTHPLACE (CITY OR TOWN) near Sarsfield (STATE OR COUNTRY) MO.

10. NAME OF FATHER Henry Wagner
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Germany
12. MAIDEN NAME OF MOTHER Wagner
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Germany

14. INFORMANT Gloria Wagner (Address) Jackson, Mo.

15. FILED 11-9-28 19... D. G. Tubbs REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 30 1928
17. I HEREBY CERTIFY That I attended deceased from May 1928, to Oct 30 1928 that I last saw him alive on Oct 30 1928, and that death occurred, on the date stated above, at 3:55 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cardiac Failure
attended with pulmonary
Edema 111B (duration) ... yrs. ... mos. ... da.

CONTRIBUTORY (SECONDARY) 111B (duration) ... yrs. ... mos. ... da.

18. WHERE WAS DISEASE CONTRACTED Place of Death
 IF NOT AT PLACE OF DEATH:

19. DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? 111B
 (Signed) Bernard W. Kay, M. D. (Address) Nov. 1, 1928

*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 City Cemetery Jackson DATE OF BURIAL 11-1 1928

20. UNDERTAKER Cruick & Miller Jackson Mo ADDRESS

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. 1928

