VN 9581

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

Do not use this space.

10892 ~~10842~~

File No. 1402

Registered No.

1. PLACE OF DEATH

County Jackson

Township Kaw

City Kansas City (No. St. Joseph Hosp St. Ward)

Registration District No.

Primary Registration District No.

2. FULL NAME Frank Wagner

(a) Residence. No. Or St., Ward. Onaga, Kans.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 10 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

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: Mrs Martha Wagner

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Don't know

7. AGE: 41 YEARS | MONTHS | DAYS | If LESS than 1 day, ... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Onaga Kans.

PARENTS

10. NAME OF FATHER: August Wagner

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

12. MAIDEN NAME OF MOTHER: Sophia Kolterman

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Germany.

14. INFORMANT (Address): Ernest Wagner Onaga, Kans.

15. FILED 3/21, 1929 M. M. Crowe Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 3/21 1929

17. I HEREBY CERTIFY, That I attended deceased from March 10, 1929, to Mch 21, 1929 that I last saw him alive on Mch 21, 1929, and that death occurred, on the date stated above, at 9 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Coronary embolism

92 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY): Injury to right hand Hand caught in circular saw - accidental (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH?

2 DID AN OPERATION PRECEDE DEATH? yes DATE OF 3/12/29

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) Jack Neal, M. D

3/21, 1929 (Address) 734 Argyle Bldg

*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: Onaga Kansas

DATE OF BURIAL: 3/23 1929

20. UNDERTAKER: Freeman Mortuary 104 W. 42nd.

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.

PERMANENT RECORD