NOV 21 1930

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

Do not use this space.

32421

1. PLACE OF DEATH
County Clinton
Township Lathrop
City Lathrop
Registration District No. 206
Primary Registration District No. 4124
File No.
Registered No. 30
(No. ..... St. ..... Ward)

2. FULL NAME Kate M. Wagner.
(a) Residence. No. ..... St., ... 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: female
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Eli Wagner

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 18, 1847

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
83	7	—	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work housewife
(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) pa.

PARENTS
10. NAME OF FATHER John Ludwig L.
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) pa.
12. MAIDEN NAME OF MOTHER Lidia Morret
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) pa.

14. INFORMANT J. T. Doherty
(Address) Lathrop Mo.

15. FILED 10-20 1930 J. T. Kinsey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct-18-1930

17. I HEREBY CERTIFY, That I attended deceased from ....., 19.... to Oct-18-30, that I last saw her alive on Oct. 18-30, and that death occurred, on the date stated above, at 12.40 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute Dilatation of Heart.
9 hrs (duration) 1 hour ds.

CONTRIBUTORY (SECONDARY) .....
(duration) ..... yrs. ..... mos. ..... ds.

9010

18. WHERE WAS DISEASE CONTRACTED?
IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? .....
(Signed) T. J. Longfield, M. D
Oct. 18, 1930 (Address) Lathrop, Mo.

*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: Lathrop Mo.
DATE OF BURIAL: 10-20 1930

20. UNDERTAKER: Lee Moss Arnold
ADDRESS: Lathrop, Mo.

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.

15[illegible]

[illegible]