

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.

NOV 22 1930

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

Do not use this space.

1. PLACE OF DEATH

County Franklin
Township Central
City St. Clair (No. 294)

Registration District No. 294
Primary Registration District No. V-409-13

File No. 32563
Registered No. 31
St. St. Clair Ward 2

2. FULL NAME

(a) Residence No. Jessie Wagner St. St. Clair Ward 2
(Usual place of abode)
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 <u>Female</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF <u>Will Wagner</u> (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>3/12-1878</u>		
7. AGE <u>V-2</u>	YEARS <u>7</u>	MONTHS <u>11</u>
		DAYS <u>11</u>
		If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Wm.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Franklin Co.

9. BIRTHPLACE (CITY OR TOWN) St. Clair Co.
(STATE OR COUNTRY) Mo.

10. NAME OF FATHER Will Wagner
11. BIRTHPLACE OF FATHER (CITY OR TOWN) St. Clair
(STATE OR COUNTRY) Mo.
12. MAIDEN NAME OF MOTHER Caroline
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) St. Clair
(STATE OR COUNTRY) Mo.

14. INFORMANT Will Wagner
(Address) St. Clair Co.

15. FILED 10/24, 1930 W. E. Wallace
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 23 1930

17. I HEREBY CERTIFY, That I attended deceased from Dec 23 1930
that I last saw him alive on Dec 23 1930 and that death occurred, on the date stated above, at 90 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cancer of Breast
Jo

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

1. DID AN OPERATION PRECEDE DEATH? Yes DATE OF July 9/30
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Cancer
(Signed) W. E. Wallace, M. D.
123, 130 (Address) St. Clair Co.

*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 St. Clair Co.
DATE OF BURIAL 19/24 1930

20. UNDERTAKER Covey & Co.
ADDRESS St. Clair

