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.

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

Do not use this space.

22820

1. PLACE OF DEATH

County Jackson — Registration District No. 899 — File No. 2729

Township Kaw — Primary Registration District No. 1003 — Registered No. 2729

City Kansas City (No. K.C. General Hosp. St. ..... Ward)

2. FULL NAME Arthur E. Wagner

(a) Residence, No. 5916 Wabash St., 15 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 28 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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 28 1903

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
28	11	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laundry Salesman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 172
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas City Mo. 1

FATHER

13. NAME Jesse Wagner
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Texas 2

MOTHER

15. MAIDEN NAME Pearl Unroe
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo. 1

17. INFORMANT (ADDRESS) Record Clerk K.C. Gen. Hosp. K.C. Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Memorial Pk DATE July 13 1932

19. UNDERTAKER (ADDRESS) Gates Funeral Home K.C.K.

20. FILED July 12 1932 M. M. Crowe Registrar. 7-12-32

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-11, 1932

22. I HEREBY CERTIFY, That I attended deceased from 7-6, 1932 to 7-11, 1932

I last saw him alive on 7-11, 1932 Death is said to have occurred on the date stated above, at 9:05 P.M.

The principal cause of death and related causes of importance were as follows:

Appendicitis acute with localized Peritonitis

Date of onset

121

Other contributory causes of importance:

Name of operation Appendec Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) P. E. Williams, M. D.

(Address) Supt K.C. Gen. Hosp. K.C. Mo