

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

Do not use this space.

32385

1. PLACE OF DEATH

63 County Marion
Township Jackson
City Fredericktown (No. 3-731)

Registration District No. 1424
Primary Registration District No. 5-579

File No. 11
Registered No. 11
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Fredericktown St. Mo. Ward _____
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan 22-1926</u>		
7. AGE <u>6</u>	YEARS <u>8</u>	MONTHS <u>17</u>
DAYS <u>17</u>		IF LESS than 1 day, _____ hrs. or _____ min.

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

12. BIRTHPLACE (CITY OR TOWN) Marion Co Mo
(STATE OR COUNTRY)

13. NAME Kerschel Wagner

14. BIRTHPLACE (CITY OR TOWN) Pike Co Mo
(STATE OR COUNTRY)

15. MAIDEN NAME Olga Koesber

16. BIRTHPLACE (CITY OR TOWN) Marion Co Mo
(STATE OR COUNTRY)

17. INFORMANT Kerschel Wagner
(ADDRESS) Fredericktown

18. BURIAL, CREMATION, OR REMOVAL
PLACE Fredericktown Mo DATE Oct 10 1932

19. UNDERTAKER Rowell
(ADDRESS)

20. FILED Nov 10 1932 W. D. Beuchler
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 9 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 8, 1932, to Oct 9, 1932

I last saw him alive on Oct 9, 1932. Death is said to have occurred on the date stated above, at 1:30 p.m.

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

Pericardial Infarction

Other contributory causes of importance:

Date of onset

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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

Accident, suicide, or homicide? _____ Date of injury _____, 1932

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 _____

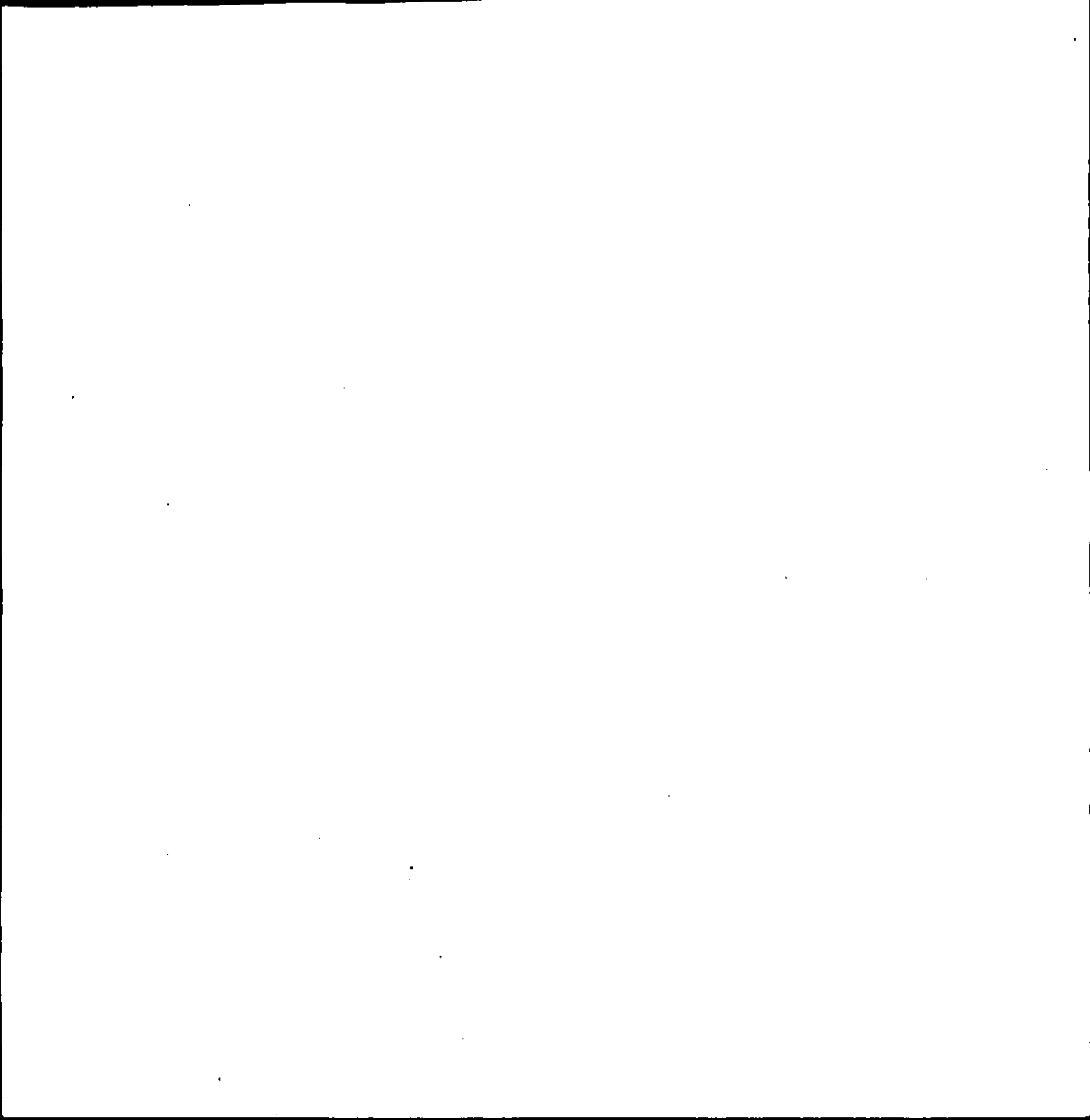
Nature of injury _____

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

If so, specify _____

(Signed) J. J. Radtmanovich & Beuchler, M. D.

(Address) Fredericktown Mo



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CERTIFICATE OF DEATH**

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Marion
Township Jackson
City Freeburg (No.)

Registration District No. 542
Primary Registration District No. 2731

File No. 11
Registered No. 11
St. Ward

2. FULL NAME

(a) Residence, No. Wences J. Wagner St. Ward
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) S.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 22 - 1924

7. AGE YEARS 6 MONTHS 8 DAYS 17 If LESS than 1 day, hrs. min.

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

12. BIRTHPLACE (CITY OR TOWN) Marion (STATE OR COUNTRY) MO

13. NAME Herschel Wagner
14. BIRTHPLACE (CITY OR TOWN) Pike (STATE OR COUNTRY) MO

15. MAIDEN NAME Clara Rader
16. BIRTHPLACE (CITY OR TOWN) Marion (STATE OR COUNTRY) MO

17. INFORMANT Herschel Wagner (ADDRESS) Freeburg MO

18. BURIAL, CREMATION, OR REMOVAL PLACE Clader DATE Oct 10 1932

19. UNDERTAKER Private (ADDRESS)

20. FILED 12/15 1932 Forump the Code (Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 9 - 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 8 - 1932 to Oct 9 - 1932

I last saw him alive on Oct 9 - 1932 Death is said to have occurred on the date stated above, at 10 a.m.

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

Laryngeal Diphtheria Date of onset

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

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) J. J. Radermacher & Buchler M. D.
(Address) Freeburg MO

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