

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

Do not use this space.

5019

**1. PLACE OF DEATH**

County Jackson Registration District No. 399  
Township Kaw Primary Registration District No. 1002  
City Kansas City (No. 5305 Lydia)

File No. \_\_\_\_\_  
Registered No. 507  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** Mary Wasgien

(a) Residence, No. 5305 Lydia St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 32 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 August Wasgien

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 3, 1853

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
79 6

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife  
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) (STATE OR COUNTRY) Germany

FATHER 13. NAME Gabel

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER 15. MAIDEN NAME Not Known

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Mrs H.T. Stallbories  
(ADDRESS) 5305 Lydia

18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Hill Date Feb - 6 1933

19. UNDERTAKER Wagner Funeral Home  
(ADDRESS) 204 W. Linwood

20. FILED 2-3, 1933 M. M. Crowe  
Regist.

**2 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 3, 33 1933

22. I HEREBY CERTIFY, That I attended deceased from 1/10, 1933 to 2/3, 1933  
I last saw her alive on 2/2, 1933 Death is said to have occurred on the date stated above, at 4:10 A.M.

The principal cause of death and related causes of importance were as follows:  
Parasitic Pneumonia Date of onset 1/10/33

Other contributory causes of importance:  
myo Carditis acuta

Name of operation Autopsy 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) D. P. Russell, M. D.  
(Address) 3231 E. 11th

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.

2011a *Indep. Dec 2 to 4*

Be 4263

Be 7250