

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

Do not use this space.

9891

1. PLACE OF DEATH

County Jackson
Township Kaw
City Kansas City

Registration District No. 399
Primary Registration District No. 1702
(No. 5032 Michigan)

File No. 1295
Registered No. 1295
St. _____ Ward _____

2. FULL NAME Alvina Wagemueller

(a) Residence, No. 5032 Michigan St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 52 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 16, 33 .1933

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

22. I HEREBY CERTIFY, That I attended deceased from Feb 28, 1933, to Mar 16, 1933

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 12 1846

I last saw her alive on Mar 15, 1933 Death is said to have occurred on the date stated above, at 7:30 A. m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
86 7 4

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

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
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 _____

Acute pneumonia
Date of onset Feb 15-33

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

Other contributory causes of importance:
1) Esophageal varicose veins
2) Rheumatoid arthritis

13. NAME Caspary

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

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Mrs Matilda Foulke
5032 Michigan

18. BURIAL, CREMATION, OR REMOVAL PLACE Linwood Crematorium DATE Mar 18, 1933

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

20. FILED 3-17 33 M. M. Crowe
Registrar.

Name of operation _____ Date of _____
What test confirmed diagnosis? Aspirin 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 _____, 1933

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) Walter B. Hoop, M. D.
(Address) 510. Popplewood Bldg

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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19
02

Profession

No 0550

11 Nov 1974