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.

9692

File No. 1296

Registered No.

1. PLACE OF DEATH

County Jackson — Registration District No. 399

Township Kan — Primary Registration District No. 1002

City K.C. Mo — (No. 1227-E-11th St. ..... Ward)

2. FULL NAME Blanche Wagner

(a) Residence, No. 1227 E-11th St., ... Ward. (If nonresident, give city or town and State)
(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: Fe
4. COLOR OR RACE: wh.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Charles R. Wagner

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June 22, 1881.

7. AGE: YEARS 51 — MONTHS 8 — DAYS 24 — If LESS than 1 day, ... hrs. or ..... min.

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: 92

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): France

FATHER

13. NAME: No Record
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): No record

MOTHER

15. MAIDEN NAME: No Record
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): No record

17. INFORMANT (ADDRESS): Chas. R. Wagner, 1227 East 11th

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Maple Hill — DATE: Mch. 18, 1933

19. UNDERTAKER (ADDRESS): Mrs. C. L. Foster, 918 Brooklyn ave.

20. FILED: 3-17, 1933 — M. M. Crowe, Asst. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 3-16-, 1933

22. I HEREBY CERTIFY, That I attended deceased from Mar 4, 1933 to Mar 16, 1933

I last saw her alive on Mar 14, 1933 Death is said to have occurred on the date stated above, at 4:40 p.m.

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

Cardiac Valvular (Mitral) Disease

Other contributory causes of importance:

Cardiac Dilatation

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 ....., 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) George F. Berry, M.D.

(Address) 715 Chambers Bld, K.C. Mo

1-43°