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.

Dr. Lemmon

22854

1. PLACE OF DEATH

39 County Greene — Registration District No. 318 — File No. 22854

Township — Primary Registration District No. 2001 — Registered No. 545

3 City Springfield Mo, 636 S. Campbell St. Ward)

5 2. FULL NAME Paul Wagner

(a) Residence, No. 636 S. Campbell Ward.
(Usual place of abode) (If nonresident, give city or town and State)

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: 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~~ Leora Wagner

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 16 - 1871

7. AGE: YEARS 62 — MONTHS 0 — DAYS 6 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Flour & Feed (Wholesale)
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) San Antonio Texas

FATHER

13. NAME Paul Wagner
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER

15. MAIDEN NAME
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Mrs. Leora Wagner 636 S. Campbell

18. BURIAL, CREMATION, OR REMOVAL
PLACE Eastlawn DATE July 24 1933

19. UNDERTAKER (ADDRESS) Alma Lohmeyer Springfield Mo.

20. FILED 7/23 1933 Ralph Johnston Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 22 - 1933

22. I HEREBY CERTIFY, That I attended deceased from Mar. 1933, to July 22, 1933
I last saw him alive on July 21, 1933. Death is said to have occurred on the date stated above, at 2:35 P.m.
The principal cause of death and related causes of importance were as follows:

Carcinoma of throat — Date of onset Mar. 1933

45 F 45

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

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? No
If so, specify .....
(Signed) J. B. Lemmon M. D.
(Address) SPRINGFIELD, MO.