

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.

FEB 2 0 1935

649

1. PLACE OF DEATH

County COLE Registration District No. 215
Township Liberty Primary Registration District No. 3295
City OSAGE BEND (No., St. Ward) 7

2. FULL NAME HELEN WAGENER

(a) Residence, No. OSAGE BEND, MO. St. 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 FEMALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) SINGLE

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) FEB. 2, 1873

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
61 11 2

8. Trade, profession, or particular kind of work done, as splaner, 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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) NEW YORK

13. NAME UNKNOWN

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

15. MAIDEN NAME UNKNOWN

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

17. INFORMANT REV. WAGENER
(ADDRESS) OSAGE BEND, MO.

18. BURIAL, CREMATION, OR REMOVAL PLACE ST. LOUIS, MO. DATE Jan. 7, 35

19. UNDERTAKER HEINRICHS FUNERAL HOME
(ADDRESS) JEFFERSON CITY, MO.

20. FILED 1/4 1935 W. B. ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) JAN. 4, 35 19

22. I HEREBY CERTIFY, That I attended deceased from Dec 15, 1934 to Jan 4, 1935

I last saw her alive on Jan 3, 1935 Death is said to have occurred on the date stated above, at 6 A. M.

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

Cancer of colon Date of onset

Other contributory causes of importance 4/10

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.

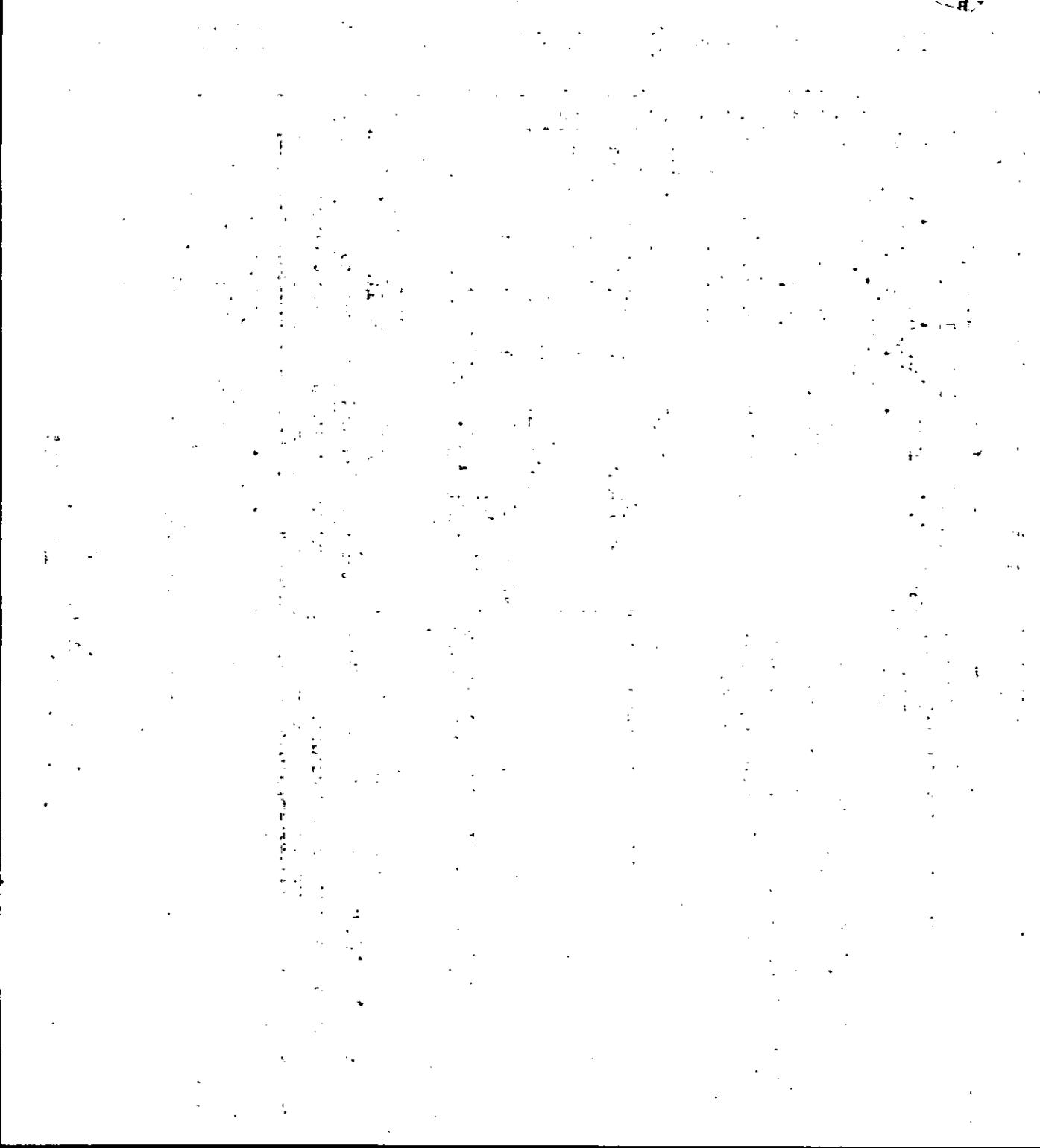
Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify L. A. T. Meyer M. D.

(Signed) Jefferson City Mo (Address)



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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Pike
Township Liberty
City _____ (No. _____) St. _____ Ward _____

Registration District No. 215
Primary Registration District No. 5295

File No. 649
Registered No. 6

2. FULL NAME

(a) Residence, No. _____ 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 F 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) Feb 2 1873

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
61 11 2

OCCUPATION
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. Pioneer of Colon
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years, months, days) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) new york

FATHER
13. NAME un

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

MOTHER
15. MAIDEN NAME un

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

17. INFORMANT Rene Wagener
(ADDRESS) Wagener Bend mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Louis mo DATE Jan 7 1935

19. UNDERTAKER Reynolds Funeral Home
(ADDRESS) Jefferson City mo

20. FILED May 2 1935 Jacob M. Bittel
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 4 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 15 1934 to Jan 4 1935
I last saw him alive on Jan 3 1935. Death is said to have occurred on the date stated above, at 6 A. m.
The principal cause of death and related causes of importance were as follows:

Date of onset _____
Other contributory causes of importance un

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? no
If so, specify _____
(Signed) D. J. Meyer, M. D.
(Address) Jefferson City mo

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. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

649

APR 8 1935

APR 13 1935