

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.

FEB 19 1935

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

Do not use this space.

1. PLACE OF DEATH

County Jackson Registration District No. 399
Township Raw Primary Registration District No. 1002
City R. C. Mo (No. _____) St. _____ Ward _____

File No. 1201
Registered No. 50

2. FULL NAME Patricia Wagen

(a) Residence, No. 215 Richmond St. R. C. Mo Ward _____

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX F 4. COLOR OR RACE W 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) Dec. 4, 1933
7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
1 1 3

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/7/35, 19____
22. I HEREBY CERTIFY that I attended deceased from _____, 19____
I last saw him _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.
The principal cause of death and related causes of importance were as follows:
Acute enterocolitis Date of onset _____

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Infant
10. Date deceased last worked at this occupation (month and year) _____ Total time (years) spent in this occupation _____

Other contributory causes of importance: _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas City/Kans.

Name of operation _____ Date of _____

13. NAME Joseph

What test confirmed diagnosis _____ Was there an autopsy _____

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

23. If death was due to external cause (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. _____

15. MAIDEN NAME Linn

Manner of injury _____ Nature of injury _____

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kans. City/Kans.

24. Was disease or injury in any way related to occupation of deceased? If so, specify _____ (Signed) _____, M. D.
(Address) _____

17. INFORMANT Joseph Wagen (ADDRESS) R. C. Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Calvary DATE Jan 9, 1935

19. UNDERTAKER (ADDRESS) J. A. Reisinger, R. C. Mo

20. FILED Jan 7, 1935 M. M. Crowe, Assn Registrar.

