

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.

MAY 24 1935

12461

1. PLACE OF DEATH

County Franklin
Township Central
City St. Clair (No. _____)

Registration District No. 294
Primary Registration District No. 3409B

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

2. FULL NAME

Lucian Wagner
(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred 53 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 Male 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OR (OR) WIFE OF Hei Wagner
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 6 - 1881
7. AGE YEARS 53 MONTHS 6 DAYS 6 If LESS than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work
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) Peoria -
13. NAME Henry Hendrick
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Peoria -
15. MAIDEN NAME Olson - (known -)
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Peoria -
17. INFORMANT (ADDRESS) Will Wagner -
18. BURIAL, CREMATION, OR REMOVAL PLACE St. Clair DATE 7/14 19 35
19. UNDERTAKER (ADDRESS) St. Clair
20. FILED May 29 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-12-35
22. I HEREBY CERTIFY, That I attended deceased from 10-20-34 to 4-12-35, 19 35
I last saw her alive on 4-12-35, 19 35 Death is said to have occurred on the date stated above, at 3:30 p.m.
The principal cause of death and related causes of importance were as follows:

Chronic Interstitial Nephritis
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Other contributory causes of importance: _____

Name of operation None Date of _____
What test confirmed diagnosis? Clinical 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 W. E. Kitehill M. D.
(Signed) W. E. Kitehill
(Address) St. Clair

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