JUN 27 1935

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

Do not use this space.

19840

**1. PLACE OF DEATH**

County Jackson — Registration District No. 399 — File No. —

Township Kaw — Primary Registration District No. 1002 — Registered No. 2403

City Kansas City (No. St Marys Hospital St. Ward)

**2. FULL NAME** Jacob Jagodnigg

(a) Residence, No. 2618 Locust St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) |
|---|---|---|
| Mla | hite | Single |

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 31, 1897

| 7. AGE YEARS | MONTHS | DAYS | If LESS than 1 day, ...hrs. or ...min. |
|---|---|---|---|
| 37 | 5 | 16 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ex service Man

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) Sheboygan Wis.

FATHER

13. NAME Jacob T. Jagodnigg

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

MOTHER

15. MAIDEN NAME Therese Landgrof

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

17. INFORMANT (ADDRESS) Fleeta C. Jagodnigg 2618 Locust

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt Washington DATE June 19 1935

19. UNDERTAKER (ADDRESS) Wagner Funeral Home 204 W. Linwood

20. FILED 6-18 1935 M M Crowe Asst Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 17, 35, 19

22. I HEREBY CERTIFY, That I attended deceased from 6/16/, 1935, to 6/17, 1935

I last saw him alive on 2 A, 1935 Death is said to have occurred on the date stated above, at 2:30 Am.

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

Strangulated Bowel

Other contributory causes of importance: Motion

Date of onset

Name of operation — Date of

What test confirmed diagnosis? Lumbar Was there an autopsy? yes

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) B. T. Sharp, M. D.

(Address) 636 Angle Pond

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.