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.

SEP 2 5 1935

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

Do not use this space.

26509

1. PLACE OF DEATH

County Jackson — Registration District No. 399 — File No. [illegible]

Township Kaw — Primary Registration District No. 1002 — Registered No. [illegible]

City Kansas City (No. 2907 E. 51 St. Ward)

2. FULL NAME Mary Randall Wager

(a) Residence, No. 2907 E. 51st St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 8 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): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: John C. Wager

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug. 31, 1855

7. AGE: YEARS 79 — MONTHS 11 — DAYS 17 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
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): Shawnee Kansas

FATHER

13. NAME: Milton P. Randall
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kentucky

MOTHER

15. MAIDEN NAME: No record
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): No record

17. INFORMANT (ADDRESS): John C. Wager 2907 E. 51

18. BURIAL, CREMATION, OR REMOVAL
PLACE Union Rem DATE Aug. 19 1935

19. UNDERTAKER (ADDRESS): Gates Funeral Home Kansas City, Kansas

20. FILED 8/18 1935 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): August 17, 1935

22. I HEREBY CERTIFY, That I attended deceased from May 5, 1935, to Aug 17, 1935

I last saw her alive on Aug 16, 1935 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:

Uraemic Poison — Date of onset: 11

Other contributory causes of importance:

Diabetes

Broken Hip

Name of operation no 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~~? Broken Hip Date of injury May 5, 1935

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. no

Manner of injury Broken Hip from Fall

Nature of injury

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

If so, specify

(Signed) F. C. Rumsey, M. D.

(Address) 311 Argyle Bldg

F. C. Kennedy
argyle Bldg.
Va 1572
Untit. 5:30