

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

Do not use this space.

28761

SEP 20 1935

1. PLACE OF DEATH
 County Joplin Registration District No. H11 File No. _____
 Township _____ Primary Registration District No. _____ Registered No. _____
 City Joplin Mo (No. 1409 North Street) St. _____ Ward _____

2. FULL NAME Mrs. Juditha Kay Wagner
 (a) Residence, No. 1409 North 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 Wk 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Mar.

6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John F. Wagner

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 24, 1858

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>77</u>	<u>3</u>	<u>30</u>	

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. _____

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) Calhoun Co Mo.

FATHER

13. NAME James Williams

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jackson Co Mo.

MOTHER

15. MAIDEN NAME Maria Hansen

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

17. INFORMANT Mrs. Carl Kettelhorst

18. BURIAL, CREMATION, OR OTHER PLACE St. Mary's Church DATE Aug. 10, 1935

19. UNDERTAKER Frank J. ...

20. FILED 8-16 19 35 Registrar E. J. ...

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 14, 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug 15, 1935, to Aug 18, 1935.
 I last saw her alive on Aug 14, 1935. Death is said to have occurred on the date stated above, at 5:15 pm.
 The principal cause of death and related causes of importance were as follows:
Carcinoma of uterus
Hypertension

Date of onset Jan 1935

Other contributory causes of importance: _____

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? _____
 If so, specify _____
 (Signed) J. H. ... M. D.
 (Address) Joplin Mo.

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.

