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.

6079

File No. .....

Registered No. 6079

MAR 21 1936

1. PLACE OF DEATH

County Jackson — Registration District No. 399

Township Fair — Primary Registration District No. 1002

City Kansas City (No. 3900 Blue St. (Ward))

2. FULL NAME Henry Wagers

(a) Residence, No. 2212 Flora St., ... Ward. .....
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 19 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: Colored

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 1885

7. AGE: Years 50 | Months | Days | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Federal Work

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) Glascow Mo.

FATHER

13. NAME Steve Walls

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Glascow Mo.

MOTHER

15. MAIDEN NAME Jeanetta —

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Glascow Mo.

17. INFORMANT Marvin Lipton
(ADDRESS) 606 Garfield

18. BURIAL, CREMATION, OR REMOVAL
PLACE Blue Ridge DATE 2-20 19 36

19. UNDERTAKER Adkins Bros.
(ADDRESS) 2000 E. 12th

20. FILED 2/19 19 36 M. M. Crome
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 6 19 36

22. I HEREBY CERTIFY, That I attended deceased from Deferred Coronary 19 ....., 19 36
I last saw h. ..... alive on ..... 19 ..... Death is said to have occurred on the date stated above, at 4:45 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Ruptured Gastric Ulcer Perforation	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? Autopsy 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? .....
If so, specify .....

(Signed) Duncan T. Richardson, M. D.
(Address) 1832 Vine