

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

Do not use this space.

OCT 21 1936

34078

1. PLACE OF DEATH

County Franklin Registration District No. 294
Township Central Primary Registration District No. 5409B
City St. Clair, Mo. St. _____ Ward _____

2. FULL NAME

Wilson Franklin Wagner -

(a) Residence, No. _____ St., _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Josie Wagner
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 4-11-1877
7. AGE YEARS 59 MONTHS 5-16 DAYS _____ If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. farmer
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) Puck's Co. Pa

13. NAME Wm Wagner

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Puck's Co. Pa

15. MAIDEN NAME Josie Weston

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Franklin Co. Mo

17. INFORMANT Wilson Wagner
(ADDRESS) St. Clair

18. BURIAL, CREMATION, OR REMOVAL PLACE Brown Burial 9/29 1936

19. UNDERTAKER Cosby & Co. St. Clair
(ADDRESS)

20. FILED Sept 29, 1936 W. E. St. Clair
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-27-36
22. I HEREBY CERTIFY That I attended deceased from 2-3-36 to 9-27-36
I last saw him alive on 9-26-36 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:

Cancer of Prostate Gland
517
Date of onset _____

Other contributory causes of importance: _____
Name of operation Abdominal Date of _____
What test confirmed diagnosis? Chemical 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 _____
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. St. Clair, M. D.
(Signed) _____
(Address) St. Clair

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.

