SEP 21 1937

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

Do not use this space.

File No. 31250

Registered No. 148

1. PLACE OF DEATH

County Mississippi 1

Township Twp. 22

City Charleston (No. ..., ... St. ... Ward)

Registration District No. 566

Primary Registration District No. 5762

2. FULL NAME Mary Wagner

(a) Residence, No. RFD #3 St. Alfalfa Center Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. 7 mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F

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 Noah Wagner

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 1924

7. AGE YEARS 23 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. 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) Graves County Ky.

FATHER

13. NAME John D. Rogers

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

MOTHER

15. MAIDEN NAME Mary Ann Phelps

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

17. INFORMANT Noah Wagner (ADDRESS) RFD #3 - Charleston Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Grove Cem. DATE Aug. 9, 1937

19. UNDERTAKER Frank Tate Funeral Service (ADDRESS) Charleston Mo.

20. FILED 8-9-, 1937 F. D. Vonn Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 8 11 A.M., 1937

22. I HEREBY CERTIFY, That I attended deceased from on Aug 1, 1937 to ..., 19..

I last saw h. E. alive on Aug 1, 37. 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:

	Date of onset
Cardio-Renal disease with edema	D.K.

Other contributory causes of importance:

Name of operation none Date of ...

What test confirmed diagnosis? urine analysis Was there autopsy? no

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) C. Chas Lolling, M. D.

(Address) Charleston Mo.