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.

Cw SEP 24 1937

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

Do not use this space.

31495

1. PLACE OF DEATH 87 5 2

County Pike — Registration District No. 689

Township Buffalo — Primary Registration District No. 3033

City Louisiana (No. Pike Co. Hospital St. Ward)

File No.

Registered No.

2. FULL NAME Minnie Mae Wagner

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

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 White

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

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF J. V. Wagner

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 9, 1895

7. AGE YEARS 41 MONTHS 11 DAYS 6 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

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

10. Date deceased last worked at this occupation (month and year) Aug. 1937

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Middletown, Mo.

FATHER

13. NAME Not Known

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

MOTHER

15. MAIDEN NAME Idaer Lainer

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

17. INFORMANT (ADDRESS) Minnie Mae Wagner Hospital Record

18. BURIAL, CREMATION, OR REMOVAL PLACE Riverview DATE 8/17 1937

19. UNDERTAKER (ADDRESS) F. C. Haley Louisiana, Mo.

20. FILED 8/18 1937 F C Haley Jr. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 15, 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug. 9, 1937, to Aug. 15, 1937

I last saw her alive on Aug. 15, 1937 Death is said to have occurred on the date stated above, at 11:40 A.m.

The principal cause of death and related causes of importance were as follows:

Streptococcus endocarditis

Date of onset

Other contributory causes of importance:

91a

Name of operation None 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? No 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? No

If so, specify

(Signed) E. Cunningham, M. D.

(Address) Louisiana, Mo.