

NOV 19 1937

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

Do not use this space.

1. PLACE OF DEATH

County Jackson
Township Kaw
City K.C. Mo. (No. North East Hospital)

Registration District No. 399
Primary Registration District No. 1002

File No. 33395
Registered No. 33395
St. _____ Ward _____

2. FULL NAME

Agnes Rose Wagner
(a) Residence, No. 2407 Denver St., _____ Ward.

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept-22-1937

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

22. I HEREBY CERTIFY, That I attended deceased from Sept 22, 1937, to Sept 22, 1937

I last saw her alive on Sept 20, 1937. Death is said to have occurred on the date stated above, at 11:20 pm

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June-24-1889

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 48 2 28

Agranulocytic
Leukemia
59

Date of onset

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

Other contributory causes of importance:

Diabetes mellitus
Hypostatic pneumonia

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas

13. NAME Kane

Name of operation _____ Date of _____

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

What test confirmed diagnosis? Dr. Williams Was there an autopsy? No

15. MAIDEN NAME Erma Union

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

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

Where did injury occur? _____ (Specify city or town, county, and State)

17. INFORMANT (ADDRESS) Phillip F. Wagner
2407 Denver Ave

Specify whether injury occurred in industry, in home, or in public place.

18. BURIAL, CREMATION, OR REMOVAL PLACE Green Lawn DATE Sept-24-37

Manner of injury _____ Nature of injury _____

19. UNDERTAKER (ADDRESS) Mrs. C. E. Justice
918 Broadway Ave

24. Was disease or injury in any way related to occupation of deceased? If so, specify _____

20. FILED 9/23 1937 M. M. Bohm Registrar.

(Signed) Dr. Frank C. Ray M. D.
(Address) 4316 E 9th

N. B.—Every item of information should be carefully supplied. AGES should be stated EXACTLY. PARTICULARS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Dr. Day
113 P. 101
4316 C. 9 a