

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

Do not use this space.

3080

1. PLACE OF DEATH .  
 64 County Marion Registration District No. 552  
 Township Warren Primary Registration District No. 5745  
 City Warren (No. 1) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Louisa Christina Wagner  
 (a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode)  
 Length of residence in city or town where death occurred 56 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

**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) Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 23<sup>rd</sup> 1855

7. AGE YEARS 84 MONTHS 4 DAYS 7 If LESS than 1 day, .....hra. or .....min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

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

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) Palmira Missouri

FATHER 13. NAME John Kratz

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

MOTHER 15. MAIDEN NAME Mary Elizabeth Brencher

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

17. INFORMANT Mrs Arthur Myllasson  
(ADDRESS) Warren Mo

18. BURIAL, CREMATION, OR REMOVAL Green wood cemetery  
(ADDRESS) Palmira Mo DATE Feb 1<sup>st</sup> 1939

19. UNDERTAKER Wilson + Son  
(ADDRESS) Warren City Mo

20. FILED Feb 6 1939 Pho Wille V Wagner  
Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 30, 1939

22. I HEREBY CERTIFY, that I attended deceased from June 15<sup>th</sup> 1937 to January 30<sup>th</sup> 1939. I last saw her alive on January 28<sup>th</sup> 1939. Death is said to have occurred on the date stated above, at 6:30 p.m.

The principal cause of death and related causes of importance were as follows:  
Myocarditis  
9381  
 Date of onset June 1937

Other contributory causes of importance:  
Dropsy and arthritis  
Insufficiency of old age

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

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? No  
 If so, specify \_\_\_\_\_  
 (Signed) Dr. P. W. Stebbins M. D.  
Palmyra Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

