

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

NOV 21 1928

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

Do not use this space.

33285

1. PLACE OF DEATH
 County Greene Registration District No. 318
 Township Springfield Primary Registration District No. 2091
 City Springfield (No. 863 N. Campbell) St. Springfield Ward 1
 Registered No. 715

2. FULL NAME Lee J. Wagner
 (a) Residence No. 863 N. Campbell St. Springfield Ward 1
 (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. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
 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 Maud E. Wagner
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 3-1886
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 42 7 8
 8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work Clerk in Pool Hall
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Mo. (STATE OR COUNTRY)
 10. NAME OF FATHER P. Frank Wagner
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown (STATE OR COUNTRY)
 12. MAIDEN NAME OF MOTHER Sarah Hughes
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Mo. (STATE OR COUNTRY)

14. INFORMANT My Maud E. Wagner
 (Address) Springfield, Mo.
 15. FILED 10-11-28 Oct 11 1928
 REGISTRAR L. N. Shingler

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 10/11 1928
 17. I HEREBY CERTIFY, That I attended deceased from Jan 1920 to Oct 11 1928, that I last saw him alive on Oct 11 1928, and that death occurred, on the date stated above, at 4:25 p.m.
 THE CAUSE OF DEATH* WAS AS FOLLOWS:
13 B Hodgkins Disease
 18. WHERE WAS DISEASE CONTRACTED Home
 IF NOT AT PLACE OF DEATH: _____
 DID AN OPERATION PRECEDE DEATH? No DATE OF _____
 WAS THERE AN AUTOPSY? No
 WHAT TEST CONFIRMED DIAGNOSIS? Clinical & Xray
 (Signed) J. B. Aubrey, M. D.
 (Address) 401 St Louis
 *State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
 19. PLACE OF BURIAL, CREMATION, OR REMOVAL Green Lawn Cemetery DATE OF BURIAL Oct 13 1928
 20. UNDERTAKER L. N. Shingler & Co. ADDRESS 424 E. Paul Springfield, Mo.

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.

