

Or to St. Louis
MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

9427

1. PLACE OF DEATH

73 County Newtown Registration District No. 614
 Township New Tonia Primary Registration District No. 5-811
 City (No. _____) St. _____ Ward _____

2. FULL NAME

Mahala Wagner
 (a) Residence, No. R. R. 1, Stark City St. _____ Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 3 yrs. 1 mos. 15 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Frank Wagner</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 16 1857</u>		
7. AGE YEARS <u>50</u>	MONTHS <u>8</u>	DAYS <u>15</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housework</u>		11. Total time (years) spent in this occupation
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)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>		
13. NAME <u>William Shaw</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Arkansas</u>		
15. MAIDEN NAME <u>Polly Thompson</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Holland</u>		
17. INFORMANT (ADDRESS) <u>George Wagner</u> <u>R. R. 1, Stark City</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Bellevue Cemetery</u> DATE <u>April 1932</u>		
19. UNDERTAKER (ADDRESS) <u>Bellevue Funeral Home</u> <u>Wheaton Mo</u>		
20. FILED _____ 19 _____ Registrar		

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 31 1932

22. I HEREBY CERTIFY, That I attended deceased from Mar 26, 1932, to Mar 31, 1932
 I last saw h. or alive on Mar 31, 1932 Death is said to have occurred on the date stated above, at 9 P. m.
 The principal cause of death and related causes of importance were as follows:
jaundice
125B / 162 / 2513
 Other contributory causes of importance:
sunstroke
 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? _____
 If so, specify _____
 (Signed) S. A. Russell, M. D.
 (Address) Jacobsen 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.

APR 28 1932

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REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW.

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Newton
Township Newton
City (No.) (No.) (No.)

Registration District No. 614
Primary Registration District No. 3811

File No. 92
Registered No. 27
St. Ward)

2. FULL NAME

Mahala Wagner
(a) Residence, No. St. Ward.
(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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED wid

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 16, 1851

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
81 8 15

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

13. NAME William Shaw

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

15. MAIDEN NAME Jolly Thompson

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

17. INFORMANT (ADDRESS) George E. Wagner
Stark City, R. R. 1

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE Corcoran Cem April 1, 1932

19. UNDERTAKER (ADDRESS) Bella Funeral Home
Wheaton Mo

20. FILED 5-8- 1932 Dr. W. P. Rain Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 31, 1932

22. I HEREBY CERTIFY, That I attended deceased from Mar 26 to Mar 31, 1932

I last saw her alive on Mar 31, 1932. Death is said to have occurred on the date stated above, at 9 P. m.

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

Gaundice
Senility
Other contributory causes of importance:

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?

If so, specify
(Signed) J. A. Russell, M. D.
(Address) Fairview Mo

S-9427