

Wagner, Angela 1883 - 1918



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STATE OF OHIO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

1 PLACE OF DEATH
County Summit Registration District No. 1224 File No. 93127
Township Atwood Precinct Registration District No. 8443 Registered No. 2661
or Village Atwood No. 0 St. Ward
(If death occurred in a hospital or institution, give its name instead of street and number)

2 FULL NAME Angela Wagner
(a) Residence No. 1894 Huron St. 7 Ward
(Usual place of abode) (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 <u>Female</u>	4 COLOR OR RACE <u>White</u>	5 Single, Married, Widowed or Divorced (write the word) <u>single</u>			16 DATE OF DEATH (month, day and year) <u>Dec 13, 18</u>	
5a If married, widowed or divorced HUSBAND of (or) WIFE of					17 I HEREBY CERTIFY, That I attended deceased from <u>Dec 11</u> , 19 <u>18</u> , to <u>Dec 13</u> , 19 <u>18</u> , that I last saw her alive on <u>Dec 13</u> , 19 <u>18</u> , and that death occurred, on the date stated above, at <u>12</u> a. m.	
6 DATE OF BIRTH (month, day, and year) <u>Dec 23, 1884</u>					The CAUSE OF DEATH* was as follows: <u>bronchopneumonia</u>	
7 AGE Years <u>34</u> Months <u>11</u> Days <u>20</u>	8 OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>home-keeper</u> (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer <u>Philip Wagner</u>				CONTRIBUTORY (SECONDARY) <u>influenza</u> (duration) yrs. mos. ds.	
9 BIRTHPLACE (city or town) (State or country) <u>Atwood O.</u>					18 Where was disease contracted if not at place of death? Did an operation precede death? <u> </u> Date of <u> </u>	
10 NAME OF FATHER <u>Philip Wagner</u>					Was there an autopsy? <u> </u>	
11 BIRTHPLACE OF FATHER (city or town) (State or country) <u>Germany</u>					What test confirmed diagnosis? (Signed) <u>Dr. John C. Manning</u> <u>Dec 4, 1918</u> (Address) <u>Atwood O.</u>	
12 MAIDEN NAME OF MOTHER <u>Anna Jacobs</u>					*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. (See reverse side for additional space.)	
13 BIRTHPLACE OF MOTHER (city or town) (State or country) <u>Germany</u>					19 PLACE OF BURIAL, CREMATION, OR REMOVAL <u>St Bernard Cem</u> DATE OF BURIAL <u>Dec 16, 18</u>	
14 Informant <u>Philip Wagner</u> (Address) <u>894 Huron St</u>					20 UNDERTAKER, License No. <u>12496</u> ADDRESS <u>Conright Summit Atwood</u>	
15 Filed <u>12-16, 18</u> <u>A. L. Baines</u> REGISTRAR						

of information should be carefully supplied. AGE should be stated EXACTLY. Exact statement should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.