

Wagner, Anna M. Jacobs 1851 - 1912



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Akron Beacon Journal – October 24, 1912

Anna M. Wagner.
Mrs. Anna M. Wagner, aged 61, died at her home, 890 Huron street, of heart disease. She is survived by her husband, Philip Wagner and 12 children. The funeral will be held at St. Bernard's church Saturday morning at 8:30 and the interment will be in St. Bernard's cemetery.



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WRITE PLAINLY, WITH UNFADING INK - THIS IS A PERMANENT RECORD
 N. B. - Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain language. If death occurred in a hospital, give its NAME instead of street and number.

Form V. S. No. 11-500M-3-1-09

STATE OF OHIO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

PLACE OF DEATH
County of Summit

Township of _____ Registration District No. 1224 File No. 57089

Village of _____ or Primary Registration District No. 8493 Registered No. 1008

City of Akron, O. (No. 890 Narrow St., 7 Ward) (If death occurred in a Hospital or Institution, give its NAME instead of street and number.)

(If death occurs away from USUAL RESIDENCE give facts called for under "Special Information.") FULL NAME Anna M. Wagner

PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH	
SEX <u>Female</u>	COLOR OR RACE <u>W.</u>	DATE OF DEATH <u>10 / 24 1912</u> (Month) (Day) (Year)	
DATE OF BIRTH <u>July 2 1851</u> (Month) (Day) (Year)		I HEREBY CERTIFY, That I attended deceased from <u>1/3/12</u> 19... to <u>10/23 1912</u>	
AGE <u>61 years, 3 months, 24 days.</u>		that I last saw her alive on <u>10/23 / 1912</u>	
SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>Married</u>		and that death occurred, on the date stated above, at <u>12:30</u>	
BIRTHPLACE (State or Foreign Country) <u>Germany</u>		A.M. The CAUSE OF DEATH was as follows: <u>Organic Heart disease,</u>	
OCCUPATION <u>Home-wife</u>		<u>Artic incompetency,</u>	
NAME OF FATHER <u>John Jacobs</u>		<u>(Leth following rheumat.</u>	
BIRTHPLACE OF FATHER (State or Foreign Country) <u>Germany</u>		<u>attack.)</u> (Duration) <u>1 1/2 yrs</u> Days	
MAIDEN NAME OF MOTHER <u>not known</u>		Contributory <u>dropsy (amblyci</u>	
BIRTHPLACE OF MOTHER (State or Foreign Country) <u>Germany</u>		<u>general)</u> (Duration) <u>20</u> Days	
THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF		(Signed) <u>Chas Weeks</u> M. D.	
(Informant) <u>Phillip J. Wagner</u>		<u>10/25 1912</u> (Address) <u>Akron, O.</u>	
(Address) <u>890 Narrow St.</u>		SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.	
Filed <u>Oct. 25 1912</u>		Former or Usual Residence _____ How long at _____ Place of Death? _____ days	
<u>Chas Weeks</u> Registrar		Where was disease contracted, if not at place of death? _____	
		PLACE OF BURIAL or REMOVAL <u>H. Burwards</u>	DATE OF BURIAL <u>Oct. 26 1912</u>
		UNDERTAKER <u>Broughton & Summitt</u>	ADDRESS <u>Akron</u>