

Wagner, Infant of Paul & Charlotte 1929 - 1929

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| Form V. S. 1-50m-4-17-23 | | COMMONWEALTH OF KENTUCKY State Board of Health BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH | | 29337 |
| 1 PLACE OF DEATH County <u>Hunter</u> | | Registration District No. <u>798</u> | | File No. _____ |
| 2 FULL NAME <u>Inf. Joseph Wagner</u> | | Primary Registration District No. <u>2820</u> | | Registered No. _____ |
| 3 City _____ (No. _____ St. _____ Ward _____) | | (If death occurred in a hospital or institution, give its NAME instead of street and number) | | |
| (a) Residence No. _____ Ward _____ | | (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 | | |
| 1 SEX <u>Male</u> | 4 COLOR OR RACE <u>White</u> | 5 MARRIAGE <u>Single</u> | 16 DATE OF DEATH <u>Nov 30, 1929</u> | |
| 5a If married, widowed, or divorced HUSBAND of (or) WIFE of _____ | | 17 I HEREBY CERTIFY, That I attended deceased from <u>Nov 30, 1929</u> , to <u>Nov 30, 1929</u> that I last saw him alive on <u>Nov 30, 1929</u> and that death occurred on the date stated above at <u>4 P.M.</u> The CAUSE OF DEATH* was as follows: | | |
| 6 DATE OF BIRTH <u>Nov 30, 1920</u> | 7 AGE _____ yrs. _____ mos. _____ ds. | <u>Premature Birth</u> | | |
| 8 OCCUPATION OF DECEASED (a) Trade, profession or particular kind of work _____ (b) General nature of industry, business or establishment in which employed (or employer) _____ | | (Duration) _____ yrs. _____ mos. _____ ds. | | |
| 9 BIRTHPLACE (city or town) <u>Hunter</u> (State or country) <u>Kentucky</u> | | Contributory (Secondary) _____ (Duration) _____ yrs. _____ mos. _____ ds. | | |
| PARENTS | 10 NAME OF FATHER <u>Paul J. Wagner</u> | 18 WHERE WAS DISEASE CONTRACTED | | |
| | 11 BIRTHPLACE OF FATHER (city or town) <u>Newport</u> (State or country) <u>Ky.</u> | If not at place of death? _____ | | |
| | 12 MAIDEN NAME OF MOTHER <u>Charlotte Greider</u> | Did an operation precede death? _____ Date of _____ | | |
| | 13 BIRTHPLACE OF MOTHER (city or town) <u>Cold Springs</u> (State or country) <u>Ky.</u> | Was there an autopsy? _____ | | |
| 14 (Informant) <u>Paul J. Wagner</u> (Address) <u>Hunter, Ky.</u> | What test confirmed diagnosis? _____ (Signed) <u>Paul Bennett M. D.</u> <u>Dec 1, 1929</u> (Address) <u>11th + Madison</u> | | | |
| 15 Filed <u>Dec 2, 1929</u> | *State the Disease Causing Death, or if death from violent Causes, state (1) Means and nature of injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.) | | | |
| Registrar _____ | 19 PLACE OF BURIAL OR REMOVAL <u>New St. Joe, Prichard, Ala.</u> | | DATE OF BURIAL <u>Dec 2, 1929</u> | |
| | 20 UNDERTAKER <u>J. N. Middleton, Louisville</u> | | ADDRESS _____ | |