

Wagner, Infant of Paul & Charlotte 1936 - 1936

PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH	
1 PLACE OF DEATH County <u>Kenton</u>		COMMONWEALTH OF KENTUCKY State Board of Health BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH	
Vol. No. _____ Registration District No. <u>790</u>		File No. _____ Registered No. _____	
Inc. Town _____ Primary Registration District No. <u>2290</u>		City <u>Covington</u> (North <u>St. Elizabeth</u> St., _____ Ward)	
2 FULL NAME <u>Infant Wagner</u>			
(a) Residence No. <u>19 North Branch Rd.</u> Ward <u>Kenton Cov. Ky.</u>		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.	
3 SEX <u>male</u>	4 COLOR OR RACE <u>W</u>	5 Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced (Write the word)	6 DATE OF DEATH <u>May 11</u> , 19 <u>36</u> (Month) (Day) (Year)
5a If married, widowed, or divorced HUSBAND of _____ (or) WIFE of _____		7 I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____, that I last saw him alive on _____, 19____, and that death occurred on the date stated above at _____, the CAUSE OF DEATH* was as follows: <u>Premature Birth</u>	
6 DATE OF BIRTH <u>5 / 12 / 36</u> (Month) (Day) (Year)		(Duration) _____ yrs. _____ mos. _____ ds.	
7 AGE _____ yrs. _____ mos. _____ ds. IF LESS than 1 day _____ hrs. or 55 min?		8 Contributory (Secondary) _____ (Duration) _____ yrs. _____ mos. _____ ds.	
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) _____		9 WHERE WAS DISEASE CONTRACTED If not at place of death? _____ Did an operation precede death? _____ Date of _____ Was there an autopsy? _____ What test confirmed diagnosis? _____ (Signed) <u>Paul Wagner, M.D.</u> _____, 19____ (Address) <u>Covington Ky.</u>	
9 BIRTHPLACE (city or town) <u>Covington, Ky.</u> (State or country)		*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.)	
PARENTS	10 NAME OF FATHER <u>Paul Wagner</u>	12 PLACE OF REMOVAL <u>St. Stephens</u>	
	11 BIRTHPLACE OF FATHER (city or town) <u>Zaneta, Ky.</u> (State or country)	DATE OF BURIAL <u>5/12/36</u>	
	13 MAIDEN NAME OF MOTHER <u>Charlotte Ziegler</u>	UNDERTAKER <u>John W. Maddendy</u>	
	14 BIRTHPLACE OF MOTHER (city or town) <u>Cold Springs, Ky.</u> (State or country)	ADDRESS <u>Cov. Ky.</u>	
14 (Informant) <u>Paul Wagner</u> (Address) <u>19 North Branch Rd.</u>		15 Filed <u>5/12/36</u> 19 <u>36</u> <u>Mrs. H.C. O'Brien</u> Registrar	