

Wagner, Thomas Howard 1933 - 1933

STATE OF OHIO DEPARTMENT OF HEALTH DIVISION OF VITAL STATISTICS CERTIFICATE OF DEATH				
1 PLACE OF DEATH		Registration District No. 1224		File No. 53174
County <u>Summit</u>		Primary Registration District No. 8493		Registered No. 545
Township		No. <u>St., Thomas Hospital</u>		St., Ward
or Village		(If death occurred in a hospital or institution, give its NAME instead of street and number)		
or City of <u>Akron</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.				
2 FULL NAME <u>Thomas Wagner</u>			Did Deceased Serve in U. S. Navy or Army	
(a) Residence. No. <u>578 Grant</u>			St., Ward	
(Usual place of abode)			(If nonresident give city or town and State)	
PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH	
3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)	21. DATE OF DEATH (month, day, and year) <u>9/8/33</u>	
<u>Male</u>	<u>White</u>	<u>Single</u>	22. I HEREBY CERTIFY, That I attended/deceased from <u>9/7/33</u> , 19 <u>33</u> , to <u>9/8/33</u> , 19 <u>33</u> . I last saw him alive on <u>9/7/33</u> , 19 <u>33</u> , death is said to have occurred on the date stated above at <u>2:45 p.m.</u>	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of			The PRINCIPAL CAUSE OF DEATH and related causes of importance in order of onset were as follows: <u>Trencher pneumonia</u> 9/4/33 <u>Primary Cause</u>	
6. DATE OF BIRTH (month, day, and year) <u>Apr. 28, 1933</u>			Date of onset	
7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		<u>4</u>	<u>10</u>	
8. Trade, profession, or particular kind of work done, as <u>spinner</u> , sawyer, bookkeeper, etc.			11. Total time (years) spent in this occupation	
9. Industry or business in which work was done, as <u>silk mill</u> , saw mill, bank, etc.				
10. Date deceased last worked at this occupation (month and year)				
12. BIRTHPLACE (city or town) <u>Akron</u>			CONTRIBUTORY CAUSES of importance not related to principal cause:	
(State or country) <u>Ohio</u>				
13. NAME <u>Casper Wagner</u>			Name of operation _____ Date of _____	
14. BIRTHPLACE (city or town) <u>Ohio</u>			What test confirmed diagnosis? _____ Was there an autopsy? <u>Yes</u>	
15. MAIDEN NAME <u>Ethel Wagner</u>			23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____	
16. BIRTHPLACE (city or town) <u>Ohio</u>			Where did injury occur? _____ (Specify city or town, county, and State)	
17. INFORMANT (Signature of <u>Casper Wagner</u> and (Address) <u>578 Grant St.</u> )			Specify whether injury occurred in industry, in home, or in public place.	
18. BURIAL, CREMATION, OR REMOVAL Place <u>Holy Cross</u> Date <u>Sept. 9, 1933</u>			Manner of injury _____ Nature of injury _____	
19. UNDERTAKER <u>The Cunningshams</u>			24. Was disease or injury in any way related to occupation of deceased? <u>No</u>	
19a. Was body embalmed <u>No</u> Embalmer's No. _____			If so, specify _____ (Signed) <u>Joseph C. Kraus, M. D.</u>	
20. FILED <u>9/8</u> , 19 <u>33</u>			Date <u>9/8/33</u>	