

1. PLACE OF DEATH

County OshtemoTownship Elba

Village _____

City _____

STATE OF MICHIGAN
Department of State—Division of Vital Statistics

CERTIFICATE OF DEATH

APR 5 1920

Registered No. 2

(No. _____ St. _____ Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Wm, C Wagner

(a) Residence No. _____ St. Ward _____

(Usual place of abode.)

(If non-resident give city or town and state.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 Color or Race White, 5 Single, Married, Widowed or Divorced Married
(WRITE the word.)6a If married, widowed, or divorced HUSBAND of (or) WIFE of Minnie Wagner7 DATE OF BIRTH (Month, day and year.) Jan 28 18628 AGE Years Months Days IF LESS than 1 day. hrs. OR min. 58 00 19

9 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer,

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

10 BIRTHPLACE (city or town) (State or country) Germany10 NAME OF FATHER Wm Wagner11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany,12 MAIDEN NAME OF MOTHER Henerettie Zastrow13 BIRTHPLACE OF MOTHER (city or town) (state or country) Germany14 Informant Mrs Wm C Wagner
(Address) Elba15 Filed Mar 16 1920 Edwin Potter
Registrar.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (Month, day and year) Feb 17th 192017 I HEREBY CERTIFY, That I attended deceased from 3-15-1918 to Jan 20 1920that I last saw him alive on Dec 19 1919 and that death occurred on the date stated above at _____

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach(duration) 3 yrs. _____ mos. _____ da.

CONTRIBUTORY (Secondary)

(duration) _____ yrs. _____ mos. _____ da.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? Yes Date of Dec 20/19Was there an autopsy? NoWhat test confirmed diagnosis? Microscopic(Signed) F. S. [Signature] M. D.3-8-1920 Address Elba

*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 further instructions.)

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

Davidson CemetaryDate of Burial Feb 19 1920

20. UNDERTAKER

R. J. Groves

Address

DavidsonThis certificate was not received until Mar 16-1920.