FORM V S 1-500M 6 20-11

Commonwealth of Kentucky
STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

16869

File No. ....

1 PLACE OF DEATH

County Muhlenberg

Vot. Pct. Drakesboro Registration District No. 872

Registered No. 31

Inc. Town Drakesboro Ky Primary Registration District No. 7125

85

City .... (No. .... St., ... Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME Callie C. Wagner

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE White

5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word) Single

6 DATE OF BIRTH Aug 20, 1889 (Month) (Day) (Year)

7 AGE 30 yrs. 10 mos. 26 ds. IF LESS than 1 day ... hrs. or ... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry business or establishment in which employed (or employer)

9 BIRTHPLACE (State or country) Kentucky

PARENTS

10 NAME OF FATHER T. A. Wagner

11 BIRTHPLACE OF FATHER (State or country) Kentucky

12 MAIDEN NAME OF MOTHER Bubie C. Wagner

13 BIRTHPLACE OF MOTHER (State or country) Kentucky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) T. A. Wagner

(Address) Drakesboro Ky

15 Filed 6/17 1920 J R Kimmel REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH June 16, 1920 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from ...., 191..., to ...., 191..., that I last saw h... alive on ...., 191..., and that death occurred on the date stated above at 9 P.m. The CAUSE OF DEATH* was as follows:

Epilepsy

.... (Duration) .... yrs. .... mos. .... ds.

Contributory (SECONDARY) .... (Duration) .... yrs. .... mos. .... ds.

(Signed) C. D. Alman, M. D.

6/16, 1920 (Address) Cleaton Ky

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)

At place of death .... yrs. .... mos. .... ds. In the State .... yrs. .... mos. .... ds.

Where was disease contracted, if not at place of death? ....

Former or usual residence ....

19 PLACE OF BURIAL OR REMOVAL Bells-grove Ky

DATE OF BURIAL 6/17, 1920

20 UNDERTAKER J R Kimmel

ADDRESS Drakesboro Ky

MARGIN RESERVED FOR BINDING
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 terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.