

COMMONWEALTH OF KENTUCKY
State Board of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

File No. 22556
Registered No. 22556
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH
County Muhlenburg
Vol. No. _____
Inn. Tow. Paradise Ky
City _____ (N. _____ St. _____ Ward _____)

Registration District No. 1089
Primary Registration District No. 6823

2 FULL NAME Thomas - Wagner

PERSONAL AND STATISTICAL PARTICULARS

3 SEX <u>Male</u>	4 COLOR OR RACE <u>White</u>	5 Single Married <u>Married</u> Widowed or Divorced (Write the word)
6 DATE OF BIRTH <u>April 2, 1891</u> (Month) (Day) (Year)		
7 AGE <u>64</u> yrs. <u>5</u> mos. <u>6</u> ds.		IF LESS than 1 day hrs. or min?
8 OCCUPATION (a) Trade, profession or particular kind of work. <u>Farmer</u> (b) General nature of industry, business or establishment in which employed (or employer).....		

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH
Sept 8, 1925
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from on Aug 15, 1925, to 1925, that I last saw him live on Aug 10, 1925, and that death occurred on the date stated above at 7:30 m.

The CAUSE OF DEATH* was as follows:
Cancer on face
.....
..... (Duration) 3 yrs. mos. ds.

Contributory (Secondary)
(Duration) yrs. mos. ds.
(Signed) J. D. Caudill, M. D.
Sept 9, 1925 (Address) Paradise 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

9 BIRTHPLACE (State or country) Muhlenburg Co Ky.

PARENTS

10 NAME OF FATHER <u>J. C. Wagner</u>
11 BIRTHPLACE OF FATHER (State or country) <u>Tenn.</u>
12 MAIDEN NAME OF MOTHER <u>Smith</u>
13 BIRTHPLACE OF MOTHER (State or country) <u>don't know</u>

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) J. C. Wagner
(Address) Paradise Ky

19 PLACE OF BURIAL OR REMOVAL Bellefonte DATE OF BURIAL Sept 14, 1925

20 UNDERTAKER J. C. Caudill ADDRESS Paradise Ky

Filed Sept 17, 1925 J. S. Caudill Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
Every item of information should be carefully supplied. AGE should be EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain, exact, so that it may be properly classified. List statement of OCCUPATION in very important. See instructions on back of certificate.