

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

SEP 28 1927

24672

1. PLACE OF DEATH

County Jackson
Township North City
City North City, Mo.

Registration District No. 417
Primary Registration District No. 3021

File No. _____
Registered No. 94
St. _____ Ward _____

2. FULL NAME

George Hagley
(a) Residence. No. 702 S. Penn St., _____ Ward _____

(Usual place of abode) (If nonresident give city or town and State)
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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ruth Snyder

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 12, 1872

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>55</u>	<u>3</u>	<u>26</u>	

8. OCCUPATION OF DECEASED Laborer

- (a) Trade, profession, or particular kind of work
- (b) General nature of industry, business, or establishment in which employed (or employer)
- (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Christian Co. Mo.
(STATE OR COUNTRY)

10. NAME OF FATHER B. F. Hall

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Mo.
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Eliza Roberts

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Mo.
(STATE OR COUNTRY)

14. INFORMANT Ch. Hall
(Address) Stockersville.

15. FILED 8/9 1927 R. M. Gormont
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) August 8, 1927

17. I HEREBY CERTIFY, That I attended deceased from June 24, 1927, to August 8, 1927, that I last saw him alive on August 8, 1927, and that death occurred, on the date stated above, at 9:45 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic pulmonary tuberculosis
93A

CONTRIBUTORY Suburging in mind
(SECONDARY)

18. WHERE WAS DISEASE CONTRACTED unknown

IF NOT AT PLACE OF DEATH:

0 DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Physical examination

(Signed) W. H. Hubbard M. D.
August 8, 1927 (Address) Webb City, Missouri

*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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL West City Cemt DATE OF BURIAL 8/10 1927

20. UNDERTAKER Steelhead Co ADDRESS Webb City, Mo.

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.

18212 - M. Q.