

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.

JAN 28 1929

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

Do not use this space.

43936

## 1. PLACE OF DEATH

County St. Louis  
Township St. Louis  
City St. Louis

Registration District No. 903  
Primary Registration District No. 6212

File No. \_\_\_\_\_  
Registered No. 23  
St. \_\_\_\_\_ Ward \_\_\_\_\_

## 2. FULL NAME

(a) Residence. No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred Life time yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. How long in U.S., if of foreign birth? yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

## PERSONAL AND STATISTICAL PARTICULARS

## 3. SEX

M

## 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

Mary C. Hagans

## 6. DATE OF BIRTH (MONTH, DAY AND YEAR)

Sept. 2 1856

## 7. AGE

YEARS 72 MONTHS 3 DAYS 7  
If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

## 8. OCCUPATION OF DECEASED

(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)

(STATE OR COUNTRY)

## 10. NAME OF FATHER

## 11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

## 12. MAIDEN NAME OF MOTHER

## 13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

## 14. X

INFORMANT

(Address)

## 15.

FILED

12/10/28John Andrews

REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

## 16. DATE OF DEATH (MONTH, DAY AND YEAR)

Dec 9 1928

## 17.

I HEREBY CERTIFY, That I attended deceased from Oct 12 to Dec 10, 1928, that I last saw him alive on Dec 3, 1928, and that death occurred, on the date stated above, at 3 a. m.

## THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Cancerous of Liver.

## CONTRIBUTORY (SECONDARY)

## 18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH...

## DID AN OPERATION PRECEDE DEATH?

DATE OF

## WAS THERE AN AUTOPSY?

## WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Dr. J. W. H. H. H., M. D.  
Date 12/10/28 (Address) St. Louis

\*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

## DATE OF BURIAL

Isaiah Cem.12/12/1928

## 20. UNDERTAKER

Arch C. Dumble

## ADDRESS

St. Louis

