

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

Do not use this space.

40315

File No. _____
Registered No. 31
St. _____ Ward _____

PLACE OF DEATH

County Perry
Township Bois Brule
City _____ (No. _____)

Registration District No. 1128
Primary Registration District No. 58792

2. FULL NAME Victoria Hagan
(a) Residence. No. _____ 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

MEDICAL CERTIFICATE OF DEATH

3. SEX <u>female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Price Hagan</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Jan 18 1863</u>		
7. AGE YEARS <u>67</u>	MONTHS <u>10</u>	DAYS <u>27</u>
IF LESS than 1 day, _____ hrs. or _____ min.		

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 15 1930⁹
17. I HEREBY CERTIFY, That I attended deceased from Nov 20 1930, 19____, to Dec 15 1930, 19____, that I last saw her alive on Dec 13 1930, 19____, and that death occurred, on the date stated above, at 3 P.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral Thrombosis
(duration) _____ yrs. mos. 25 ds.

CONTRIBUTORY Chronic Rheumatism
(SECONDARY) (duration) _____ yrs. mos. _____ ds.

18. WHERE WAS DISEASE CONTRAICTED
IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? NO DATE OF _____
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) W. H. Bailey, M. D.
. 19 (Address) Perryville, Mo.

*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.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

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

PARENTS	10. NAME OF FATHER <u>Martin Reiss</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Perry Co., Mo.</u>
	12. MAIDEN NAME OF MOTHER <u>Rachel Unterhainer</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Perry Co., Mo.</u>

14. INFORMANT William Hagan
(Address) Perryville, Mo.

15. FILED 12/16/30 Frank H. Westmann
REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Mount Hope cemetery DATE OF BURIAL 12/16 1930

20. UNDERTAKER Jordner & Young ADDRESS Perryville 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.

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