

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

Do not use this

3703

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City **St. Louis** (No. **Beth Hospital #2**)

File No.
Registered No. **942**
St. Ward)

2. FULL NAME

(a) Residence. No. **1402 Papin** St. **22** Ward. (If nonresident, give city or town and State)
Length of residence in city or town where death occurred **8** yrs. — mos. — ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female	4. COLOR OR RACE Colored	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) 12/24/1876		
7. AGE	YEARS 54	MONTHS 0
	DAYS 27	IF LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. **But Picker**
(b) General nature of industry, business, or establishment in which employed (or employer). **But Factory**
(c) Name of employer. **Unknown**

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) **Arkansas 2**

PARENTS	10. NAME OF FATHER Martin Hagwood
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Arkansas
	12. MAIDEN NAME OF MOTHER Adeline King
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Arkansas

14. INFORMANT **Abantha Green**
(Address) **1912 Johnson Str.**

15. FILED **21** 19 **1931**
Max E. Harker REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **1/21** 19 **31**
17. **No Physician in Attendance**
HEREBY CERTIFY, That I attended deceased from 19..... to 19.....
that I last saw h..... alive on 19....., and that death occurred, on the date stated above, at **11:40 a. m.**

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cellulitis following injury to head
..... (duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) **Manner and Cause Unknown**
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED? **1918**
IF NOT AT PLACE OF DEATH.....
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOBY? **yes**
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) **J. W. Ferner** M.D.
1/22 1931 (Address) **Dep. Coroner**

*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 **Washington Park** DATE OF BURIAL **1/24 1931**

20. UNDERTAKER **Peoples Und. Co.** ADDRESS **3100 Franklin**

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.

