MAR 24 1931

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

Do not use this space.

5131

1. PLACE OF DEATH

36 County Franklin — Registration District No. 297 — File No.

Township Washington — Primary Registration District No. 3016 — Registered No. 25

City Washington (No. ..... St. ..... Ward)

2. FULL NAME Frank Henry Hagedorn

(a) Residence. No. E. Third St. St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) ~~WIFE OF~~ Amanda Feltmann

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Juen 18, 1893

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	37	7	26	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Shoe worker 86

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Villa Ridge, (STATE OR COUNTRY) Missouri

PARENTS

10. NAME OF FATHER Martin Hagedorn

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Villa Ridge (STATE OR COUNTRY) Missouri

12. MAIDEN NAME OF MOTHER Anna Sellmeyer

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Villa Ridge (STATE OR COUNTRY) Missouri

14. INFORMANT Mrs. Anna Hagedorn (Address) Washington, Mo.

15. Feb 16, 1931 O. L. Munch REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 14 1931

17. I HEREBY CERTIFY, That I attended deceased from Feb 12, 1931, to Feb 14, 1931 that I last saw him alive on Feb 13, 1931, and that death occurred, on the date stated above, at 2:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pneumonia (left Lobar)

108 108

(duration) ..... yrs. ..... mos. 2 ds.

CONTRIBUTORY (SECONDARY) Dont Know

(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH Place of death

DID AN OPERATION PRECEDE DEATH? No. DATE OF ✓ (1)

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) R. R. Cutley, M. D.

Feb. 16, 1931 (Address) Washington 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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
Catholic Cemetery, Washington,	Mo. 2/17, 31

20. UNDERTAKER	ADDRESS
Otto & Co., Washington,	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.