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.

APR 21 1931

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

Do not use this space.

9176

1. PLACE OF DEATH
County Clark. Registration District No. 193
Township Primary Registration District No. 4116
City Wayland. (No. , St. Ward)

File No.
Registered No.

2. FULL NAME Maria Hagerman
(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

3. SEX Female
4. COLOR OR RACE W.
5. ~~SINGLE, MARRIED~~, WIDOWED, ~~OR DIVORCED~~ (write the word) Widowed

5A. IF ~~MARRIED~~, WIDOWED, ~~OR DIVORCED~~ ~~HUSBAND OF~~ (OR) WIFE OF Wm. Hagerman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 4, 1840

7. AGE YEARS 90 MONTHS 11 DAYS 10 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At. Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio.

FATHER
13. NAME Lewis Vermillion
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

MOTHER
15. MAIDEN NAME Amanda L. Wheaton
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Vermont.

17. INFORMANT (ADDRESS) W. W. Hagerman

18. BURIAL, ~~CREMATION, OR REMOVAL~~
PLACE Fraser Cem. DATE 3/16, 1931

19. UNDERTAKER (ADDRESS) Fred J Karle Kahoka Mo.

20. FILED 3-18, 1931 H T Kinchert Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 14, 1931

22. I HEREBY CERTIFY, That I attended deceased from Mch 10, 1931, to Mch 10, 1931
I last saw her alive on Mch 10, 1931. Death is said to have occurred on the date stated above, at 7.55 P.M.
The principal cause of death and related causes of importance were as follows:

Bronchial Pneumonia

Date of onset

109A

Other contributory causes of importance

109A

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) F A S Rebo, M. D.
(Address) Alexandria Mo