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

Do not use this space.
21749

1. PLACE OF DEATH
County Jackson — Registration District No. 399
Township Kaw — Primary Registration District No. 1002 — File No. 2886
City Kansas City (No. St. Joseph Hospital St. Ward) — Registered No.

2. FULL NAME HAGERTY, George Morris
(a) Residence. No. Nelsonville, Mo. R.F.D.No.1. St. Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred NONE 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	Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF (Deceased) Mrs. Lennie Hagerty

6. DATE OF BIRTH (MONTH, DAY AND YEAR) January ~~15, 1868~~ 17, 1868

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
63 ~~62~~	5	13 ~~15~~	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Farmer
(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) Illinois

PARENTS
10. NAME OF FATHER Morris Hagerty ~~Ireland~~
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Ireland
12. MAIDEN NAME OF MOTHER Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Unknown

14. INFORMANT Beulah M. Huey (Daughter)
(Address) 502 West Ash, Columbia, Mo.

15. FILED 7/1, 1931 M. M. Crowe asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 30 1931

17. I HEREBY CERTIFY, That I attended deceased from June 30, 1931, to June 30, 1931, that I last saw him alive on June 30, 1931, and that death occurred, on the date stated above, at 7:00 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
General peritonitis
(duration) yrs. mos. 2 ds.
CONTRIBUTORY (SECONDARY) Gangrenous ruptured appendix (duration) yrs. mos. 4 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? yes
WHAT TEST CONFIRMED DIAGNOSIS? Autopsy
(Signed) Hark Hull, M. D.
7/1, 1931, (Address) 736 Argyle

*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
Nelsonville, Missouri.	7/3/31
20. UNDERTAKER	**ADDRESS**
Mellody McGilley Fu. Home	K.C.Mo.

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.

Geo. Hagerty

Nelsonville Mo

Dr. Neal