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.

OCT 24 1931

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

Do not use this space.

35115

1. PLACE OF DEATH

County Morgan — Registration District No. 919 — File No.

Township ~~Hawk Creek~~ — Primary Registration District No. 4551 — Registered No. 112

City Slover (No. , St. Ward)

2. FULL NAME Caroline Hannah Anna Hagedorn

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

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: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF Henry Hagedorn

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 16 1874

7. AGE: YEARS 57 — MONTHS 6 — DAYS 18 — If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

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) Aug 1931

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Morgan Co Mo

FATHER

13. NAME Fred Hartman

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER

15. MAIDEN NAME Geshia Monsees

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Henry Hagedorn

18. BURIAL, ~~CREMATION, OR REMOVAL~~ PLACE Slover Cem DATE Oct 6 1931

19. UNDERTAKER (ADDRESS) C. R. Rapp & Son

20. FILED 10/10 1931 Wm L Rippeiger Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 4, 1931

22. I HEREBY CERTIFY, That I attended deceased from Sept 1931, to Oct 3, 1931

I last saw her alive on Oct 3, 1931. Death is said to have occurred on the date stated above, at 7 30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Intestines	Early 1931
50	
46C	

Other contributory causes of importance:

Carcinoma of Breast	1928

50

Name of operation Removal of Breast Date of 1928

What test confirmed diagnosis? Was there an autopsy? No

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? No

If so, specify

(Signed) Chas A Wiest, M. D.

(Address) Slover Mo