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

Do not use this space.

37064

File No. .....

Registered No. 830

1. PLACE OF DEATH

County Scott (Cape Girardeau) Registration District No. 125

Township Morley Primary Registration District No. 3209

City ..... (No. St. Francis Hospital ..... St. ..... Ward)

2. FULL NAME Louis Addenson Hager

(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 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): Child

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: "

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov. 7 1924

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	7		19	

OCCUPATION

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

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) Commerce Missouri

FATHER

13. NAME Harvey A. Hager

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Perry County Mo.

MOTHER

15. MAIDEN NAME Frances E. Willy

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Perry County Mo

17. INFORMANT (ADDRESS) Harvey A. Hager Benton Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Benton Cemetery DATE Nov. 28 1931

19. UNDERTAKER (ADDRESS) Stubbs and Kimmick Benton, Mo.

20. FILED 11-27 1931 W. C. Gaines Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 26 1931

22. I HEREBY CERTIFY, That I attended deceased from 11-25 1931, to 11/26 1931

I last saw him alive on 11/26 1931. Death is said to have occurred on the date stated above, at 5 m.

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

	Date of onset
Skull Fracture	

Other contributory causes of importance:

Name of operation No Date of .....

What test confirmed diagnosis? Post 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 11/20 1931

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) J. Porter, M. D.

(Address) .....

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

DEC 21 1931