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.

JAN 19 1932

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

Do not use this space.

~~40103~~ 40193

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1. PLACE OF DEATH
County Buchanan — Registration District No. 1001 — File No. 40193
Township — Primary Registration District No. — Registered No. 1237
City St Joseph, Mo (No. 2718 Monterey Street St. Ward)

2. FULL NAME Nellie Margaret Hagen
(a) Residence, No. 2718 Monterey Street 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): Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF —
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 2, 1907
7. AGE: YEARS 24 — MONTHS 7 — DAYS 7 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. saleswoman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Elco Finishing Shop
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) Kansas City, Missouri

FATHER
13. NAME Rudolph L. Hagen
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Brunswick, Missouri

MOTHER
15. MAIDEN NAME Nellie Schweizer
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Utica, Missouri

17. INFORMANT (ADDRESS) Mrs. Rudolph Hagen, St. Joseph, Missouri
18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park DATE December 11, 1931
19. UNDERTAKER (ADDRESS) Fleeman Funeral Home, St. Joseph, Missouri
20. FILED DEC 11 1931, 19 John R. Bender, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) December 9, 1931
22. I HEREBY CERTIFY, That I attended deceased from Dec, 1931, to Dec 9, 1931
I last saw her alive on Dec 9, 1931. Death is said to have occurred on the date stated above, at 1:00 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Encephalitis	Nov 29
18B	
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Other contributory causes of importance: none

Name of operation no Date of
What test confirmed diagnosis? Clinical 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) M S Gray, M. D.
(Address) St Joseph Mo