V. S. NO. 2. MARGIN RESERVED FOR BINDING

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.

APR 29 1932

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

Do not use this space.

9797

1. PLACE OF DEATH

93 County St Clair — Registration District No. 762 — File No.

Township Collins — Primary Registration District No. 6003 — Registered No.

City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME Tolene Hagan

(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 John Hagan

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 22, 1895

7. AGE — YEARS: 37 — MONTHS: — DAYS: 23 — 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. 235
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) Australia 3

FATHER

13. NAME George Henry Green
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Australia

MOTHER

15. MAIDEN NAME Nellie M Bayless
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Australia

17. INFORMANT (ADDRESS) John Hagan Humansville Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Humansville DATE Mar 20 1932

19. UNDERTAKER (ADDRESS) Ralph A. Joseph Humansville Mo.

20. FILED Mch 16, 1932 Mrs G. L. Landaker Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 15, 1932

22. I HEREBY CERTIFY, That I attended deceased from Mch 12, 1932, to Mch 15, 1932

I last saw her alive on Mch 15, 1932. Death is said to have occurred on the date stated above, at 8 50 A.m.

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

	Date of onset
Influenza	3-12-32
11A	
10B	

Other contributory causes of importance:

Pneumonia (Lobar) 10 hrs

Name of operation none 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) R O Nevins, M. D.

(Address) Humansville Mo