

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

Do not use this space.

11433

**1. PLACE OF DEATH**

113 County North Registration District No. 904  
Township Johnson Primary Registration District No. 6215  
City Osage City (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

William Henry Harrison Hagan  
(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 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

OCCUPATION	3. SEX <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
	5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mary Ellen Hagan</u>		
OCCUPATION	6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan 12, 1872</u>		
	7. AGE	YEARS <u>90</u>	MONTHS <u>10</u>
		DAYS <u>25</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>		
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>162</u>		
OCCUPATION	10. Date deceased last worked at this occupation (month and year) <u>was sole proprietor to day</u>		
	11. Total time (years) spent in this occupation <u>North</u>		
FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Wentworth Missouri</u>		
	13. NAME <u>Mason Hagan</u>		
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky</u>		
	15. MAIDEN NAME <u>Lucy Strubling</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>France</u>			
17. INFORMANT (ADDRESS) <u>Mrs Frank Wall</u>			
18. BURIAL, CREMATION, OR REMOVAL PLACE (ADDRESS) DATE <u>Osage City, Mo</u> <u>March 10, 1932</u>			
19. UNDERTAKER (ADDRESS) <u>John C. Duffler</u>			
20. FILED <u>March 9, 1932</u> <u>Mrs. Reichen</u> Registrar			

**3 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 7, 1932

22. I HEREBY CERTIFY that I attended deceased from Jan 1 to Dec 7, 1932  
I last saw him alive on Jan 6, 1932. Death is said to have occurred on the date stated above, at 5:00 m.  
The principal cause of death and related causes of importance were as follows:  
Myocardial Degeneration  
Heart Block  
Date of onset \_\_\_\_\_

Other contributory causes of importance:  
Arteriosclerosis  
Diabetes

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

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? \_\_\_\_\_  
If so, specify \_\_\_\_\_  
(Signed) John A. Reichen, M. D.  
(Address) Osage City, 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.

MAY 31 1932

