

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.

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

Do not use this space.

✓ 14038

1. PLACE OF DEATH

County

Registration District No. 791
1003

Township

Primary Registration District No.

City

St. Louis

(No. H.H.O.I. McPherson)

File No.

Registered No. 3366

St.

Ward)

2. FULL NAME Lee Walker Hagerman

(a) Residence, No. 4401 McPherson, 19 Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 30 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) Married

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

Ninette Walker Hagerman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 6, 1872

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 59 3 28

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 206

10. Date deceased last worked at this occupation (month and year) Feb 1932

11. Total time (years) spent in this occupation 35

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Keokuk Iowa

13. NAME Henry James Hagerman

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Keokuk Iowa

15. MAIDEN NAME Margaret Walker

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Keokuk Iowa

17. INFORMANT Mrs. L. W. Hagerman

(ADDRESS) 4401 McPherson

18. BURIAL, CREMATION, OR REMOVAL

PLACE Bellefontaine DATE Apr. 6, 1932

19. UNDERTAKER Alexander and Sons

(ADDRESS) 6195 Delmar

20. FILED APR -5 1932

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 4, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 1919, to Apr 4, 1932. Death is said to have occurred on the date stated above, at 2:45 p.m.

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

Arteriosclerosis Date of onset 1928

10611

19 / 10611

Other contributory causes of importance:

Bronchitis

Name of operation: ① Date of: /

What test confirmed diagnosis? / Was there an autopsy? 207

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) O. H. Campbell, M. D.

(Address) 3746 Wellman

