

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

Do not use this space.

31055

1. PLACE OF DEATH

County Registration District No. 791
 Township Primary Registration District No. 10483
 City St. Louis (No. 3836 Shenandoah) St. _____ Ward _____

2. FULL NAME

Grace H. Hagan
 (a) Residence, No. 3836 Shenandoah St. 17 Ward. _____
 (Usual place of abode) _____ (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|---|----------------------------------|--|
| 3. SEX <u>7</u> | 4. COLOR OR RACE <u>White</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____ | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Apr-23-1878</u> | | |
| 7. AGE <u>abt. 54</u> | YEARS <u>5</u> | MONTHS <u>7</u> |
| 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u> | | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>235</u> |
| 10. Date deceased last worked at this occupation (month and year) _____ | | 11. Total time (years) spent in this occupation <u>16 1/2</u> |
| 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Rockhouse Illinois</u> | | |
| 13. NAME <u>John Hall</u> | | |
| 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Milton Illinois</u> | | |
| 15. MAIDEN NAME <u>Hattie Cray</u> | | |
| 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Milton Illinois</u> | | |
| 17. INFORMANT (ADDRESS) <u>James Hagan 3836 Shenandoah</u> | | |
| 18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Lakeview Park</u> DATE <u>10/1-32</u> 19__ | | |
| 19. UNDERTAKER (ADDRESS) <u>A. H. McLaughlin 1631 Meigs Ave</u> | | |
| 20. FILED <u>OCT-1-1932</u> <u>Max G. Stackloff</u> Registrar. | | |

MEDICAL CERTIFICATE OF DEATH

1 Found dead

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 30 1932

22. My Physician in attendance
 I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw him _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 6:40 a.m.

The principal cause of death and related causes of importance were as follows:
Asphyxiation due to fuel gas poisoning (self administered) at residence.

Other contributory causes of importance:
164 Suicide

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? suicide Date of injury 9/30, 1932
 Where did injury occur? St. Louis, Mo.
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
in home

Manner of injury Fuel Gas Poison

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____
 (Signed) J. W. Fenner M.D.
 (Address) Dep. Coroner

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.

