

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.

36275

1. PLACE OF DEATH

County Laurie Registration District 1034
Township Red Oak Primary Registration District No. 5631
City (No. _____) St. _____ Ward _____

File No. _____
Registered No. 5
St. _____ Ward _____

2. FULL NAME

Willie Wynne Allen Hagler
(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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|--|---|---|
| 3. SEX <u>Female</u> | 4. COLOR OR RACE <u>White</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u> |
| 9A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>E. L. Hagler</u> | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>7-29-1868</u> | | |
| 7. AGE | YEARS <u>64</u> | MONTHS <u>3</u> |
| | DAYS <u>14</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>House Wife</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 _____ | |
| MOTHER | 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>McKennon ? Illinois</u> | |
| | 13. NAME <u>William Allen</u> | |
| | 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Illinois Tenn</u> | |
| | 15. MAIDEN NAME <u>Mary C. Taylor</u> | |
| FATHER | 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tenn.</u> | |
| | 17. INFORMANT <u>Olive Jenkins</u> (ADDRESS) <u>Bonesville Mo</u> | |
| 18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Red Oak</u> DATE <u>11-16</u> 19 <u>32</u> | | |
| 19. UNDERTAKER <u>Monroe Leiman</u> (ADDRESS) <u>Miller Mo.</u> | | |
| 20. FILED <u>Dec 16</u> 19 <u>32</u> <u>Edigo Weber</u> Registrar. | | |

1 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-13-1932

22. I HEREBY CERTIFY, That I attended deceased from 10-1 1932 to 11-13 1932
I last saw h. Ed alive on 11-13 1932 Death is said to have occurred on the date stated above, at 9:30 a.m.
The principal cause of death and related causes of importance were as follows:
Carcinoma of stomach
Other contributory causes of importance:
40B 4 6 B
Date of onset _____

Name of operation _____ Date of operation _____
What test confirmed diagnosis? Edm. myelogram 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 _____ (1)

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) W. L. S. Boney M. D.
(Address) Miller Mo.

Dr. Bunney