

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

Do not use this space.

46658

332

1. PLACE OF DEATH  
 64 County Monroe Registration District No. 547  
 1 Township Mason Primary Registration District No. 3079  
 8 City Hannibal (No. 2418 Broadway) St. 6 Ward 6  
 2. FULL NAME Damon Mason Hager  
 (a) Residence, No. 2418 Broadway St. 6 Ward. (If nonresident, give city or town and State)  
 (Usual place of abode)  
 Length of residence in city or town where death occurred 37 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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.

*Not an auto accident.*

**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 Katherine Hager  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 14 - 1891  
 7. AGE YEARS 42 MONTHS 6 DAYS 10 If LESS than 1 day, hrs. or min.  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Office Clerk 253  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. County Collectors Office  
 10. Date deceased last worked at this occupation (month and year) Dec. 24, 1932 Total time (years) spent in this occupation  
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Rolls Co. Mo.  
 MOTHER 13. NAME Leonard Hager  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Uniontown Kentucky  
 15. MAIDEN NAME Alice Schuler  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Rolls Co. Mo.  
 17. INFORMANT Alice Hager  
 (ADDRESS) 2418 Broadway - Hannibal Mo.  
 18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Olive Cemetery DATE Dec. 26 - 1932  
 19. UNDERTAKER Ray P. Schuler  
 (ADDRESS) Hannibal Mo.  
 20. FILED Dec 27 1932 C. C. Causey Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-24-1932  
 22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_.  
 I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at 7:40 p.m.  
 The principal cause of death and related causes of importance were as follows:  
Fractured at Base of Skull Date of onset  
 Other contributory causes of importance: 1870  
 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? accident 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.  
public place, fell from sidewalk  
 Manner of injury about 9 ft. high  
 Nature of injury \_\_\_\_\_  
 24. Was disease or injury in any way related to occupation of deceased?  
 If so, specify James O'Donnell corner  
 (Signed) Hannibal Mo.  
 (Address)

