

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

Do not use this space.

1. PLACE OF DEATH

710 County Cape Girardeau Registration District No. 1194 File No. 2575
 Township Washington Primary Registration District No. 5851a Registered No. 1
 City Argyle (No. _____) St. _____ Ward _____

2. FULL NAME

Greene Rosa Hagenhoff
 (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 7 yrs. 2 mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 28 - 1932

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
— — 2 3

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

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

10. Date deceased last worked at this occupation (month and year) ✓ 11. Total time (years) spent in this occupation 11 5/8

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Argyle, Mo.

13. NAME John H. Hagenhoff

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Argyle, Mo.

15. MAIDEN NAME Martha Nieberg

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marie Co. near Argyle, Mo.

17. INFORMANT: John H. Hagenhoff (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Argyle, Mo. DATE July 30, 1933

19. UNDERTAKER: Geo & Mabel (ADDRESS)

20. FILED Jan 10, 1933 Ward H. Quattle Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 1st, 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec. 30, 1932 to Jan 11, 1933, 19__.

I last saw her alive on Jan 1, 1933. Death is said to have occurred on the date stated above, at 5:00 p.m.

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

Influenza

Other contributory causes of importance:

menstruation

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) R. G. Saubert, M. D.

(Address) Argyle, Mo.

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.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

JAN 10 1933

