Do H. J. Taylor

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

Do not use this space.

8940

APR 24 1933

1. PLACE OF DEATH
County Cole — Registration District No. 213 — File No. 76
Township — Primary Registration District No. 3014 — Registered No.
City Jefferson City (No. , St. Ward)

2. FULL NAME Julius William Hager
(a) Residence, No. 628 E. McCarthy St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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: 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 Sophia Eveler Hager

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 10, 1883

7. AGE: Years 49 — Months 4 — Days 14 — If LESS than 1 day, hrs. or min.

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

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

FATHER
13. NAME Adam Hager
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

MOTHER
15. MAIDEN NAME Annie Kauffman
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

17. INFORMANT (ADDRESS) Raymond Hager 628 E. McCarty Jeff City, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Peters Cem. DATE 3/27- 1933

19. UNDERTAKER (ADDRESS) Heinrichs Funeral Home Jefferson City, Mo.

20. FILED 3/25/ 1933 W. Beaford Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 24, 1933

22. I HEREBY CERTIFY, That I attended deceased from Mar 24, 1933, to Mar 24, 1933
I last saw him alive on Mar 24, 1933. Death is said to have occurred on the date stated above, at 11:30 a.m.
The principal cause of death and related causes of importance were as follows:

Gunshot wound through head (Suicide) 167

Date of onset

Other contributory causes of importance:

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: Suicide — Date of injury 3-24, 1933
Where did injury occur? His home 628 E McCarty St Jefferson City Mo (Specify city or town, county and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury: Gun Shot. Rifle
Nature of injury: Through right templar region

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) H. J. Taylor, M. D.
(Address) Jefferson City Mo

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.