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.

22370

1. PLACE OF DEATH

County Buchanan — Registration District No. 85 — File No. 22370

Township — Primary Registration District No. 1001 — Registered No. 704

City St. Joseph (No. 423 East Missouri Ave. St. Ward)

2. FULL NAME Mary Hagel

(a) Residence, No. 423 East Missouri Ave. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S., if of foreign birth? unknown mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) November 11, 1850

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
82	8	2	

OCCUPATION

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

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) Unknown Austria

FATHER

13. NAME Frank Marak

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Austria

MOTHER

15. MAIDEN NAME Mary Shamred

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Austria

17. INFORMANT (ADDRESS) Francis Hagel 423 Missouri St Joseph Mo.

18. BURIAL, CREMATION, OR REMOVAL Mt. Olivet Cemetery
PLACE St Joseph Mo. DATE July 15 1933

19. UNDERTAKER (ADDRESS) H C Lidenfelder 1802 Union st St Joseph Mo.

20. FILED 7-14 1933 John R Bender Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 13, 1933

22. I HEREBY CERTIFY, That I attended deceased from 6-20-33, to 6-13-33, 19..

I last saw her alive on 6-12-1933 Death is said to have occurred on the date stated above, at 6:45P m.

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

Chronic Myocarditis & endocarditis — Date of onset 1932

Other contributory causes of importance: Fractured femur & decubitis ulcer fell on floor in home

Name of operation — Date of

What test confirmed diagnosis? Clinical — Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? accident — Date of injury unknown

Where did injury occur? ~~slipped fell on floor in home~~ St Joseph Mo (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. home

Manner of injury fell on floor in home

Nature of injury Fractured femur

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) John J Tucker, M. D.

(Address) St Joseph Mo