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

Do not use this space.

34673

1. PLACE OF DEATH

County..... Registration District No. 791

Township..... Primary Registration District No. 753

City St Louis Mo. (No. Isolation Hospital St. ..... Ward)

File No. 8834

Registered No. .....

2. FULL NAME Nina Hagans

(a) Residence, No. 2346 Whitmore St., 23 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: 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) Sept 2-1907

7. AGE: Years 26 | Months 1 | Days 9 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shoe Worker 930

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Shoe Factory 107A

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) Missouri

FATHER

13. NAME Samuel Hagans

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

MOTHER

15. MAIDEN NAME Elenora Burnette

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) Mr Samuel Hagans Ashland Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Ashland Mo. DATE October 11, 1933

19. UNDERTAKER (ADDRESS) E. J. Schmur 3125 Lafayette Av.

20. FILED OCT 11 1933 J. H. Biedeck Registrar.

MEDICAL CERTIFICATE OF DEATH

3/6 Physician in Attendance

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 11, 1933

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 5 A. m.

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

	Date of onset
10 Diphtheria	
30 Chronic Myocarditis	
107A Bronchio-Pneumonia	

Other contributory causes of importance:

8: 10

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

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) Harold C. Behrly, M. D.

10/11/33 (Address) Dr. Bonnyr

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

NOV 10 1933

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