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.

JAN 3 1933

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

Do not use this space.

35861

1. PLACE OF DEATH
County Callaway — Registration District No. 104
Township ~~Fulton~~ — Primary Registration District No. 3008
City Fulton (No. ..., ... St. ..... Ward)

File No. .....
Registered No. 225

2. FULL NAME William Hagermann
(a) Residence, No. Robertsville, Mo St., ... Ward. .....
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 18 yrs. 8 mos. 12 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): Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: —
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Don't Know
7. AGE: about 64 — YEARS — MONTHS — DAYS — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer
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): Franklin Co. Mo

FATHER
13. NAME: Don't Know
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): " "

MOTHER
15. MAIDEN NAME: " "
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): " "

17. INFORMANT (ADDRESS): Records of State Hospital #1 Fulton, Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Robertsville Mo DATE Nov 29 1933
19. UNDERTAKER (ADDRESS): Casey & Company St. Clair, Mo
20. FILED Nov 27, 1933 R. N. Crews Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Nov 26, 1933
22. I HEREBY CERTIFY, That I attended deceased from June 1, 1933, to Nov 26, 1933
I last saw him alive on Nov 25, 1933 Death is said to have occurred on the date stated above, at 2:10 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Maniacal Exhaustion	
936	
97	
84	

Other contributory causes of importance:
Arteriosclerosis
Chronic Myocarditis

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

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? No
If so, specify .....
(Signed) T. S. Lapp, M. D.
(Address) Fulton, Mo.