

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.

MAR 24 1934

5426

**1. PLACE OF DEATH**

County Jasper Registration District No. 417  
 Townshp. \_\_\_\_\_ Primary Registration District No. 3021  
 City Webb City (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
 Registered No. 24

**2. FULL NAME**

(a) Residence, No. Mr. James Frey St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode) Jane Chinn Hospital (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 <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 29, 1857</u>		
7. AGE YEARS <u>76</u>	MONTHS <u>8</u>	DAYS <u>27</u>
		IF LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>none</u>	
	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
MOTHER FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>New York</u>	
	13. NAME <u>J. E. Hager</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>New York</u>	
	15. MAIDEN NAME <u>Jane Finkbebaugh</u>	
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>New York</u>		
17. INFORMANT <u>Mr. Georgia Wagner</u> (ADDRESS) <u>Webb City, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Mt. Hope</u> DATE <u>Feb 28 1934</u>		
19. UNDERTAKER <u>Steele Undertaking Co.</u> (ADDRESS) <u>Webb City, Mo.</u>		
20. FILED <u>2-27 1934</u> <u>J. L. Craig</u> Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 26 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb 21 1934, to Feb 26 1934. I last saw him alive on Feb 26 1934. Death is said to have occurred on the date stated above, at 7 P. m.

The principal cause of death and related causes of importance were as follows:  
Pneumonia - Flu. type Date of onset \_\_\_\_\_

Other contributory causes of importance:  
HO

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) J. L. Craig  
 (Address) Webb City Mo.

APR 10 1942