

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.

MAR 24 1934

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

Do not use this space.

6368

1. PLACE OF DEATH

County St. Louis Registration District No. 790 File No. 6368
Township Central Primary Registration District No. 6033A Registered No. 40
City Clayton (No. St. Louis County Hosp) St. _____ Ward _____

2. FULL NAME

Welma Hagan
(a) Residence, No. 5425 Boulevard St. Walden 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
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 12, 1918
7. AGE YEARS 15 MONTHS 8 DAYS 23 If LESS than 1 day, _____ hrs. or _____ min.

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) Missouri
13. NAME Peter Hagan
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Perryville Missouri
15. MAIDEN NAME Esther Lovell
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Perryville Mo

17. INFORMANT (ADDRESS) Wm Depts Jennings Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE St Peters DATE Feb 7 1934

19. UNDERTAKER (ADDRESS) Johnson & Co 2707 N Grand Ave
20. FILED 2/5 1934 Poll J. Calmes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-4 1934
22. I HEREBY CERTIFY, That I attended deceased from 1-19 1934, to 2-4 1934
I last saw h.C.R. alive on 2-4 1934. Death is said to have occurred on the date stated above, at 7:42 a.m.
The principal cause of death and related causes of importance were as follows:

Broncho pneumonia (Bilateral)
9500
Other contributory causes of importance: Rheumatoid heart disease 3 yrs
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? _____
If so, specify _____
(Signed) T. R. Hagan M. D.
(Address) St Louis Mo Hosp

