

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

Do not use this space.

10049

APR 25 1934

PLACE OF DEATH

County Folk
Township Jackson
City Wentworth P. O. R3 (No.) St. Ward

Registration District No. 700
Primary Registration District No. 3929

File No.
Registered No. 8

2. FULL NAME Elu Stenson Stagerman

(a) Residence, No. St. Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Martha Wheeler

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June - 8 - 1844

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
89 | 9 | 10

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

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) Folk County (STATE OR COUNTRY) Missouri

13. NAME Frank Stagerman

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

15. MAIDEN NAME Ellen Stainer

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

17. INFORMANT Mrs. M. E. McGill (ADDRESS) Walnut Grove Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Wheeler County DATE March - 20, 1934

19. UNDERTAKER Thos. X. Miller (ADDRESS) Walnut Grove Mo.

20. FILED Mar 24, 1934 Thos. Miller Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March - 18, 1934

22. I HEREBY CERTIFY, That I attended deceased from March - 7 - 1934 to March - 18 - 1934
I last saw him alive on March - 7 - 1934. Death is said to have occurred on the date stated above, at 7:30 P.M.
The principal cause of death and related causes of importance were as follows:

Acute Nephritis obal Date of onset 3/7/34
1915
130
Other contributory causes of importance:
Supplies following a fall.

Name of operation Date of
What test confirmed diagnosis? Albin Test 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 1934
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) W. G. Myers, M. D.
(Address) Albion, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1
2
2

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH
 County Jackson Registration District No. 700
 Township Jackson Primary Registration District No. 5929
 City Eli (No. Henson St. Hagerman Ward)

2. FULL NAME Eli Henson Hagerman
 (a) Residence, No. Eli St. Henson Ward. Hagerman
 (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 <u>m</u>	4. COLOR OR RACE <u>w</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>w</u> (write the word)		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR)				
7. AGE	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.			
	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)				
FATHER	13. NAME			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)			
MOTHER	15. MAIDEN NAME			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)			
17. INFORMANT (ADDRESS)				
18. BURIAL, CREMATION, OR REMOVAL PLACE DATE				
19. UNDERTAKER (ADDRESS)				
20. FILED 19 <u>1934</u> <u>Wynn Miller</u> Registrar				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 18 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb. 24 to Feb. 27, 1934
 I last saw him alive on Feb. 27, 1934. Death is said to have occurred on the date stated above, at 10:15 m.
 The principal cause of death and related causes of importance were as follows:
acute nephritis Date of onset 15

Other contributory causes of importance:
injuries fall
fracture of the cervical vertebrae near the tubercular vertebrae

Name of operation none Date of
 What test confirmed diagnosis? physical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? fall Date of injury Feb 24, 1934
 Where did injury occur? at home 1 Feb 24 1934
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place
at home Feb 24 1934

Manner of injury fall from pipe
 Nature of injury fracture of cervical vertebrae

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify
 (Signed) L. B. Smith, M. D.
 (Address) Walnut Grove Mo

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.
 Information should be carefully supplied. A fee should be stated for each certificate. Exact statement of OCCUPATION is very important.
 CAUSE

S-10049