Ferry Palmer

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

Do not use this space.

28068

File No. 143-

Registered No.

1. PLACE OF DEATH

108 County Vernon — Registration District No. 875

Township Washington — Primary Registration District No. 6162-

City Nevada (No. , St. Ward)

2. FULL NAME Kenneth Hageman

(a) Residence, No. State Hospital # 3 St., 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. 3 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) May 17/1917

7. AGE: YEARS 17 MONTHS 2 DAYS 5 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. school
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) Laclede Co. Mo.

FATHER

13. NAME Henry Hageman
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not given

MOTHER

15. MAIDEN NAME unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT (ADDRESS) Officer (E. E. Simmons) Lebanon, Mo.

18. ~~BURIAL, CREMATION, OR REMOVAL~~
PLACE Lebanon DATE July 28, 1934

19. UNDERTAKER (ADDRESS) Ferry Funeral Home

20. FILED July 27, 1934 W. M. Nunn Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 22, 1934

22. I HEREBY CERTIFY, That I attended deceased from July 19, 1934, to July 22, 1934

I last saw him alive on " 1934 Death is said to have occurred on the date stated above, at 12-10 P.M.

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

	Date of onset
Maniacal heat exhaustion	3 days
191	
	305

Other contributory causes of importance:

Name of operation none Date of —

What test confirmed diagnosis? Clinical 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. T. O'Dell, M. D.

(Address) Nevada, Mo.

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.

AUG 14 1934