

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.

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

Do not use this space.

43339

1. PLACE OF DEATH

County Jackson Registration District No. 404
 Township Washington Primary Registration District No. 5558
 City Stamps (No. 8250 Woodland) St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 8250 Woodland St., _____ Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Fe</u>	4. COLOR OR RACE <u>W.</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>James C. Hagood</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov. 4 1894</u>		
7. AGE YEARS <u>40</u>	MONTHS <u>0</u>	DAYS <u>29</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>		11. Total time (years) spent in this occupation <u>20</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)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Iowa</u>		
13. NAME <u>John Henry</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Illinois</u>		
15. MAIDEN NAME <u>Victoria England</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>England</u>		
17. INFORMANT (ADDRESS) <u>James C. Hagood</u> <u>8250 Woodland</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Mary's</u> DATE <u>Dec. 18 34</u>		
19. UNDERTAKER (ADDRESS) <u>D. W. Newberry, Sr.</u> <u>211 E. 9 St. K.C. Mo.</u>		
20. FILED <u>Dec. 17 1934</u> <u>W. H. A. G. G.</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 16 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov. 26 1934, to Dec. 16 1934. I last saw her alive on Dec. 16 1934. Death is said to have occurred on the date stated above, at 10 A.M.
 The principal cause of death and related causes of importance were as follows:
Malignant Hypertension
Cardio-vascular disease
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 Other contributory causes of importance:
Mitral Stenosis
Mercuric Cyanide
Hypertrophy
 (Name of operation) no Date of no
 What test confirmed diagnosis? Clinical & Laboratory 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? no
 If so, specify _____
 (Signed) Ch. H. H. H. M. D.
 (Address) 724 1/2 E. 12th St.

1971
10/16/71
10/16/71