

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.

JAN 9 1935

43958

**1. PLACE OF DEATH**

County Pettis Registration District No. 668  
 Township \_\_\_\_\_ Primary Registration District No. 3032  
 City Sedalia (No. Osage & 65 Highway) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. 426  
 Registered No. 468

**2. FULL NAME**

Oscar Hagstrom  
 (a) Residence, No. Swedeburg Neb. 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. 1 ds. How long in U. S., if of foreign birth? 45 yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</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>Alice Hagstrom</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sep 17-1886</u>		
7. AGE YEARS <u>48</u>	MONTHS <u>3</u>	DAYS <u>2</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>Farmer</u>	11. Total time (years) spent in this occupation
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Farm</u>	
	10. Date deceased last worked at this occupation (month and year) <u>Dec 18 1934</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Sweden</u>		
FATHER	13. NAME <u>Carl Hagstrom</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Sweden</u>	
MOTHER	15. MAIDEN NAME <u>Fredricka Schill</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Sweden</u>	
17. INFORMANT <u>David Hagstrom</u> (ADDRESS) <u>Swedeburg Neb.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Wahod Neb.</u> DATE <u>Dec 21 1934</u>		
19. UNDERTAKER <u>M. E. Laughlin Bros</u> (ADDRESS) <u>Sedalia Mo.</u>		
20. FILED <u>12-21-34</u> 19 <u>34</u> <u>Jean Slack</u> Registrar		

**MEDICAL CERTIFICATE OF DEATH**

1. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/19/34 1934

2. I HEREBY CERTIFY, That I attended deceased from the body, 1934, to Dec 20, 1934

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

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

Date of onset

Other contributory causes of importance:  
1750

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? accident Date of injury 12/19 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 Asphyxiated by gas stove  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?  
 If so, specify \_\_\_\_\_  
 (Signed) W. P. Chivalry  
 (Address) Corcoran

