

OCT 25 1935

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

Do not use this space.

29903

1. PLACE OF DEATH

County JEFFERSONRegistration District No. 421Township JOACHIMPrimary Registration District No. 5575City CRYSTAL CITY

(No. _____)

St. _____

Ward _____

2. FULL NAME LILLY MAY HAGAN(a) Residence, No. 472 JEFFERSON St. 2nd Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 1 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) MARRIED5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF AUGUST PIUS HAGAN6. DATE OF BIRTH (MONTH, DAY, AND YEAR) AUG 18 - 18877. AGE YEARS 48 MONTHS DAYS 22 If LESS than 1 day, _____ hrs. or _____ min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

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) ST. LOUIS (STATE OR COUNTRY) MISSOURI13. NAME WALKER14. BIRTHPLACE (CITY OR TOWN) ST. LOUIS (STATE OR COUNTRY)

15. MAIDEN NAME _____

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

17. INFORMANT AUGUST PIUS HAGAN (ADDRESS)18. BURIAL, CREMATION, OR REMOVAL PLACE GAMEL CEMETRY DATE Sept. 11 193519. UNDERTAKER C. H. Barnhart (ADDRESS) Crystal City, Mo.20. FILED Sept 10, 1935 J. E. Rutledge Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 9 193522. I HEREBY CERTIFY, That I attended deceased from Aug 2 1935 to Sept 8 1935I last saw him alive on Sept 8 1935. Death is saidto have occurred on the date stated above, at 6:30 P. M.

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

Aortitis
Chronic Myocarditis
930

Date of onset

?

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ 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? _____

If so, specify _____

(Signed) A. P. Smith, M. D.(Address) Festus, Mo

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.

