

MAR 16 1936

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

Do not use this space.

4370

1. PLACE OF DEATH

County Adair
Township Wilson
City No.

Registration District No. 3
Primary Registration District No. 5

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME Mrs Hattie Lagle

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

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND-OF (OR) WIFE OF W. H. Lagle

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 2 - 1861

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
74 6 22

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Housekeeper
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. in her home
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) Davis Co, Iowa

FATHER
13. NAME George Hobble

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not known

MOTHER
15. MAIDEN NAME Rebeka Marion

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not known

17. INFORMANT (ADDRESS) Mrs. E. Lagle

18. BURIAL, CREMATION, OR REMOVAL PLACE Ball Cemetery DATE Feb 26 1936 KIRKSVILLE MO.

19. UNDERTAKER (ADDRESS) A. Christie Rockdale Mo

20. FILED _____ 19 _____ Registrar W

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 24 1936

22. I HEREBY CERTIFY, That I attended deceased from last 3 yrs 1933, to Feb 24, 1936. I last saw her alive on Sep 7, 1935. Death is said to have occurred on the date stated above, at 5.6 m.

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

Chronic Regurgitation
acute regurgitation, Probable

Other contributory causes of importance:

Name of operation none 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 _____

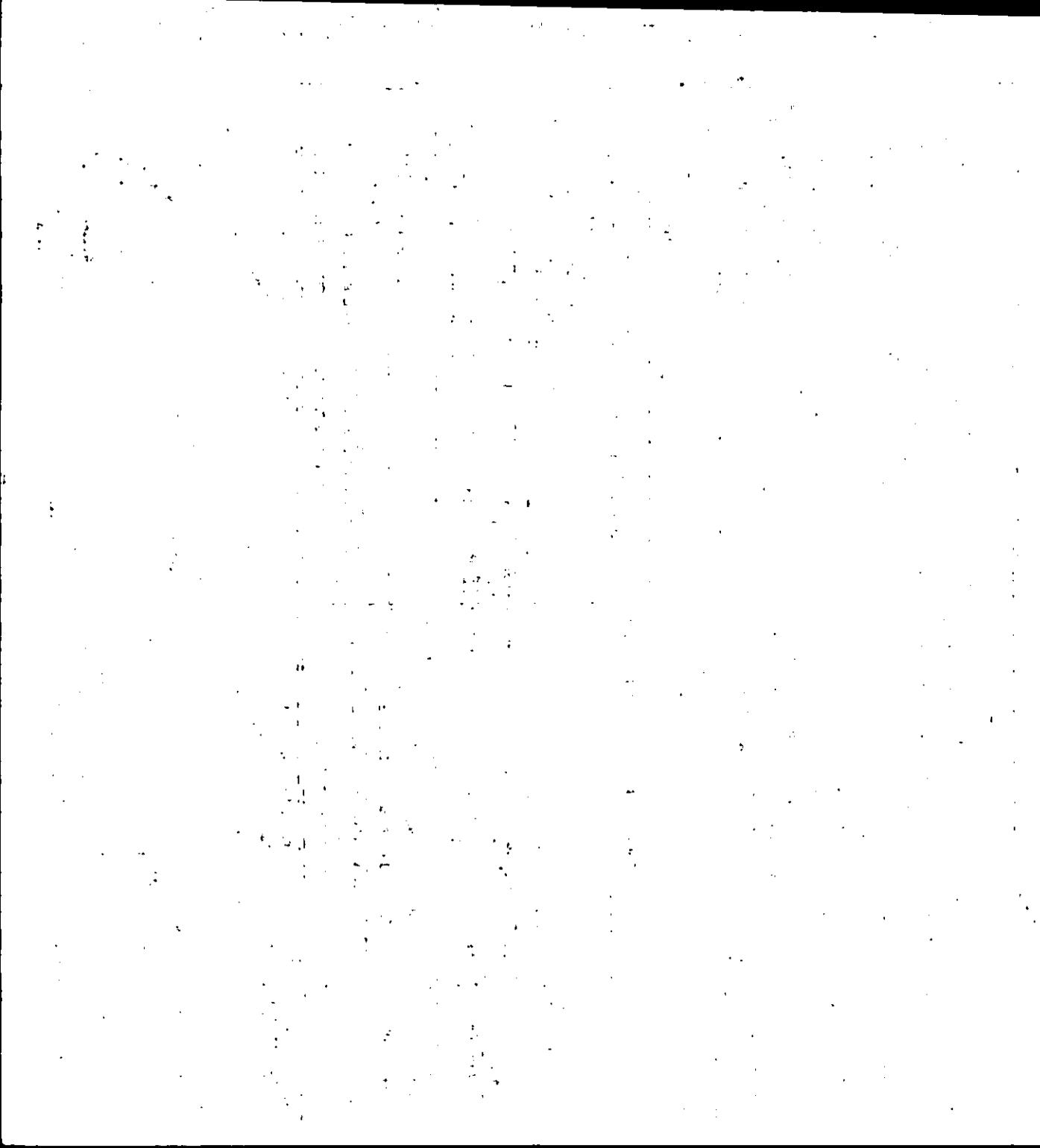
24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) W. N. York, M. D.

(Address) Elmer 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.



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

Do not use this space.

1. PLACE OF DEATH

County Adair
Township Wilson
City (No. _____)

Registration District No. 9
Primary Registration District No. 3004

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Mrs Hattie Lagle

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

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Wid
(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, A. hrs. or B. min.
74 6 22

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)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE _____ DATE _____, 19__

19. UNDERTAKER (ADDRESS)

20. FILED March 11 1936 Alveta Collins Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 24 1936

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____. I last saw h_____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

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

Aortic Regurgitation
acute nephritis, Dropsy
Cause unknown

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) W. D. Gooch, M. D.

(Address) Elmer

SUPPLEMENTARY

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.

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