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APR 27 1936

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

Do not use this space.

13745

1. PLACE OF DEATH

County Stone — Registration District No. 842 — File No.

Township Lincoln — Primary Registration District No. 6259 — Registered No.

City (No. , St. Ward)

2. FULL NAME Truman Hagler

(a) Residence, No. 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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Lora Hagler

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec 11 1912

7. AGE: YEARS 23 — MONTHS 2 — DAYS 27 — If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
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): Stone Co Mo

FATHER

13. NAME: C L Hagler
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): N Missouri

MOTHER

15. MAIDEN NAME: Anna Hayes
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Green Co Mo

17. INFORMANT (ADDRESS): C L Hagler

18. BURIAL, CREMATION, OR REMOVAL
PLACE Masonic DATE 3/8 1936

19. UNDERTAKER (ADDRESS): Geo H Mandon Crane, Mo.

20. FILED 3/8 1936 Mrs. E. Doggett Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Mar 7, 1936

22. I HEREBY CERTIFY, That I attended deceased from 3-28, 1936, to 3-7, 1936

I last saw him alive on 3-7, 1936. Death is said to have occurred on the date stated above, at 5 P.m.

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

Broncho Pneum

Date of onset

Other contributory causes of importance: Influenza

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) J. C. R. Doggett, M. D.

(Address) Crane Mo

Doggett

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.