

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.

FEB 29 1937

1. PLACE OF DEATH

County Ralls Registration District No. 725-
Township Center Primary Registration District No. 5-25-6
City (No. 2) St. 1 Ward

File No. 2673
Registered No.

2. FULL NAME Sarah Elizabeth Hager

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ambrose R. Hager

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 22 1863

7. AGE YEARS 73 MONTHS 11 DAYS 5 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) 1936 11. Total time (years) spent in this occupation e

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pike County, Mo.

13. NAME Robert L. Beshears

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

15. MAIDEN NAME Mary A. Allison

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

17. INFORMANT Mrs. Lee Maddox
(ADDRESS) Center Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Center DATE 1/29/37

19. UNDERTAKER Couch and Hulse
(ADDRESS) Center Mo

20. FILED Jan 29 1937 G. T. Howard
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 27 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 5, 1937 to Jan 23, 1937
I last saw her er alive on Jan 23, 1937. Death is said to have occurred on the date stated above, at 5:15 a m.
The principal cause of death and related causes of importance were as follows:

Carcinoma interna

Date of onset

Other contributory causes of importance:

None known

Name of operation _____ Date of _____

What test confirmed diagnosis? My. X-ray Was there an autopsy? No

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) C. H. Bruchman, M. D.

(Address) Center, Mo.

