

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.

JUL 27 1937

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

Do not use this space.

1. PLACE OF DEATH

County Cape Girardeau  
Township Byrd  
City Jackson (No. 9)

Registration District No. 124  
Primary Registration District No. 4070

File No. 23341  
Registered No. 23  
St. 1 Ward

2. FULL NAME

Joseph William Hager

(a) Residence No. 1 St. 1 Ward.

(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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF — Sarah Ann Hager (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 10, 1862

7. AGE YEARS 75 MONTHS 4 DAYS 11 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

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) Osage (STATE OR COUNTRY) Scott County, Missouri

13. NAME William Hager

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

15. MAIDEN NAME Mary Catherine Bennett

16. BIRTHPLACE (CITY OR TOWN) Cape Girardeau County, Mo. (STATE OR COUNTRY)

17. INFORMANT William Hager (ADDRESS) Jackson, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Jackson Heights DATE June 23, 1937

19. UNDERTAKER Macke-Wilson-Howard, Inc. (ADDRESS) Jackson, Mo.

20. FILED 6-23 37 D. G. Schubert Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY That I attended deceased from April 10, 1937, to June 21, 1937. I last saw him alive on June 20, 1937. Death is said to have occurred on the date stated above, at 1 P. M.

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

Pyelitis about March, 1937

Other contributory causes of importance: Chronic Prostatitis

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 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) R. H. Haberman, M. D. (Address) Jackson 9110

