

Dr. J. J. ...  
 DEC 20 9 1938

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

Do not use this space.

1. PLACE OF DEATH

County Cole Registration District No. 213  
 Township \_\_\_\_\_ Primary Registration District No. 3014  
 City Jefferson (No. 313), Hart St. 3 Ward)

File No. 18069  
 Registered No. 152  
 St. 3 Ward)

2. FULL NAME Mrs. Anna Hager 260  
 (a) Residence, No. 313 Hart St. 3 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

MEDICAL CERTIFICATE OF DEATH

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan-15-1861

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
77 4 1

OCCUPATION 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) (STATE OR COUNTRY) Cole County, Mo.

MOTHER FATHER 13. NAME Gerhardt Kauffman

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

15. MAIDEN NAME Mary ?

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

17. INFORMANT Sam Hager (ADDRESS) Jefferson City, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Peters Cem DATE May-19-1938

19. UNDERTAKER Wm. J. Gordon (ADDRESS) Jefferson City, Mo.

20. FILED 5/11/10 1938 Registrar Wm. J. Gordon

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 16 1938

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 1938, to May 16 1938  
 I last saw h. alive on 5/10/1938. Death is said to have occurred on the date stated above, at 6 P. m.  
 The principal cause of death and related causes of importance were as follows:

Cholelithiasis  
stones in common duct

Other contributory causes of importance: 126

Name of operation none Date of \_\_\_\_\_  
 What test confirmed diagnosis? clinical 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 a 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) Wm. J. Gordon, M. D.  
 (Address) Jeff. City Mo

