

REC'D JUN 22 1938

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

Do not use this space.

1. PLACE OF DEATH

County Saline
Township Arrow Rock
City Nelson, Mo (No. _____)

Registration District No. 798
Primary Registration District No. 60887B

File No. 19629
Registered No. _____
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Nelson, Mo St. _____ Ward. 260

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

MEDICAL CERTIFICATE OF DEATH

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 19 - 1899

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
48 5 8

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) BuffaloMOTHER FATHER 13. NAME Edward Stevens14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) London15. MAIDEN NAME Minnie Sigford16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany17. INFORMANT (ADDRESS) May M. Laughlin Nelson, Mo18. BURIAL, CREMATION, OR REMOVAL PLACE Concord DATE 4-28-3819. UNDERTAKER (ADDRESS) Dream Ewing Nelson, Mo20. FILED June 20 1938 Ed. Orwell Registrar.21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/26, 193822. I HEREBY CERTIFY, That I attended deceased from 3/15, 1938 to 4/26, 1938I last saw him alive on 4/26, 1938 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:

Ch. Myocarditis & Decompensation Date of onset 7

Other contributory causes of importance: 92CName of operation _____ Date of _____
What test confirmed diagnosis? Clinical Was there an autopsy? no23. 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) R. W. Stauffer, M. D.
(Address) Nelson, Mo

CAUSE OF DEATH IN PLAIN TERMS, SO THAT IT MAY BE PROPERLY CLASSIFIED. Exact statement of OCCUPATION is very important.

