

1939 AUG 16 1939

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

Do not use this space.

1. PLACE OF DEATH  
County Harrison

Registration District No. 336

File No. 25694

Township  
City Cainsville

Primary Registration District No. 4199

Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Durward Lyle Hagan

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward. Mercer, Missouri.  
(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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 25, 1939

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
4 21

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

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) Mercer County  
(STATE OR COUNTRY) Missouri

13. NAME Durward Hagan

14. BIRTHPLACE (CITY OR TOWN) Mercer County  
(STATE OR COUNTRY) Missouri

15. MAIDEN NAME Linda McIntosh

16. BIRTHPLACE (CITY OR TOWN) Mercer County  
(STATE OR COUNTRY) Missouri

17. INFORMANT Mrs. Coy Hagan,  
(ADDRESS) Plesanton, Iowa.

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Freedom Cemetery DATE June 17, 1939

19. UNDERTAKER E. J. Stoklass  
(ADDRESS) Cainsville, Missouri.

20. FILED 6-16-39 680 304  
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 16, 1939

22. I HEREBY CERTIFY, That I attended deceased from June 14, 1939, to June 16, 1939

I last saw him alive on June 16, 1939. Death is said to have occurred on the date stated above, at 6:40 A.M.  
The principal cause of death and related causes of importance were as follows:

Iller Colitis Date of onset \_\_\_\_\_

Other contributory causes of importance: \_\_\_\_\_

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) \_\_\_\_\_, M. D.

(Address) Cainsville, Missouri.

\_\_\_\_\_

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.

RECEIVED

Health Officer No. 111

839-10-20

Discharge

Date Filed

~~AUG 10 1939~~