

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

Do not use this space.

40355

1. PLACE OF DEATH

County Henry Registration District No. 1351  
Township Fairview Primary Registration District No. 4206  
City Duquoin (No. ....) St. .... Ward)

File No. ....  
Registered No. 28  
St. .... Ward)

2. FULL NAME

Anna Hagman  
(a) Residence. No. Duquoin 7th St., .... Ward.  
(Usual place of abode)  
Length of residence in city or town where death occurred 60 yrs. - mos. - ds. How long in U.S., if of foreign birth? 63 yrs. - mos. - ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Widowed</u>
5A. IS MARRIED, WIDOWED, OR DIVORCED? <u>WIDOWED</u> (OR) WIFE OF <u>Mathias Hagman</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>5/14/1842</u>		
7. AGE	YEARS <u>86</u>	MONTHS <u>7</u>
	DAYS <u>13</u>	IF LESS than 1 day, hrs. or min. <u>✓</u>
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>None</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>✓</u> (c) Name of employer		

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 27 1928  
17. I HEREBY CERTIFY That I attended deceased from Dec 19 1928 to Dec 27 1928 and that death occurred, on the date stated above, at 8 P m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Flo-Pneumonia  
IIA  
162 (duration) yrs. mos. ds.  
CONTRIBUTORY agg? (SECONDARY) (duration) yrs. mos. ds.

9. BIRTHPLACE (CITY OR TOWN) Essendora  
(STATE OR COUNTRY) Canton Illinois Switzerland

10. NAME OF FATHER Christian Dutler  
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Duchon  
(STATE OR COUNTRY) Switzerland  
12. MAIDEN NAME OF MOTHER Anna Hesslie  
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Essendora  
(STATE OR COUNTRY) Switzerland

14. INFORMANT Mrs C.H. Mitchell  
(Address) 4025 Metropolitan Ave

15. FILED Jan 10 1929 REGISTRAR

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH.....  
DID AN OPERATION PRECEDE DEATH..... DATE OF.....  
WAS THERE AN AUTOPSY.....

WHAT TEST CONFIRMED DIAGNOSIS?  
see (Signed) J.F. Gysell, M.D.  
27 1928 (Address) Duquoin

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Englewood DATE OF BURIAL Dec 29 1928

20. UNDERTAKER Janzburg ADDRESS Duquoin

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

JAN 23 1929

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.

