

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

Do not use this space.

PLACE OF DEATH

County *Henry*
Township *Long Creek*
City _____ No. _____

Registration District No. *347*
Primary Registration District No. *5491*

File No. *17905*
Registered No. *78*
St. _____ Ward _____

2. FULL NAME *Stellie Hannah Jageman*

(a) Residence. No. _____ St. _____ Ward _____
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 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 *A. R. Jageman*

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *1-24-1872*

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
57 | 3 | 19

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work *Housekeeper*
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Henry Co. Mo.*

10. NAME OF FATHER *W. H. Masten*

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) *Tennessee*

12. MAIDEN NAME OF MOTHER *Mary Howard*

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) *Mo.*

14. INFORMANT *Chas. Jageman*
(Address) *Clinton Mo.*

15. FILED *May 14 1929*
Dr. E. C. Peeler
REGISTRAR
per J. H.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *May 13 1929*

17. I HEREBY CERTIFY, That I attended deceased from *May 10*, 19*29*, to *May 13*, 19*29*, that I last saw him alive on *May 13*, 19*29*, and that death occurred, on the date stated above, at *4:50* P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Automobile accident causing internal injuries, shock, causing heart failure. From May 10 - 13. (duration) yrs. mos. da.

CONTRIBUTORY *Weak heart over period of years (duration) yrs. mos. da.*

18. WHERE WAS DISEASE CONTRACTED *210 M*
IF NOT AT PLACE OF DEATH: *118 C*

19. DID AN OPERATION PRECEDE DEATH? *no.* DATE OF _____

20. WAS THERE AN AUTOPSY? *no.*

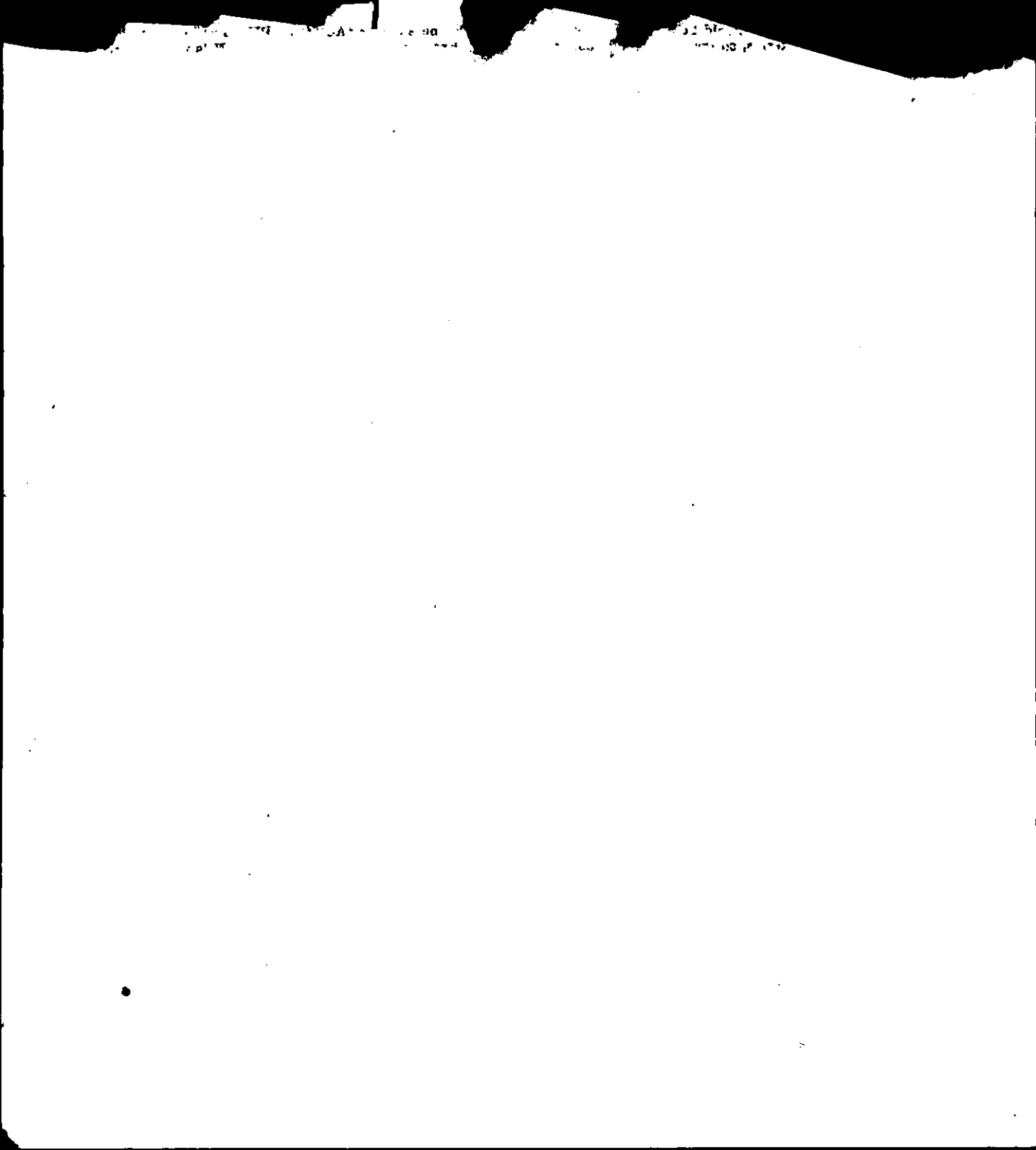
WHAT TEST CONFIRMED DIAGNOSIS? *waiting of blood and examination of heart.*
(Signed) *Eus. H. H. H. H.* M.D.

*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 *Engwood* DATE OF BURIAL *5-15 1929*

20. UNDERTAKER *Linn Wilkinson & Co* ADDRESS _____

UN 25 1029
 be stated EXACTLY as supplied.
 Exact statement of OCCUPATION is very important.
 be supplied.
 so that it may be properly classified.
 232
 2



**MISSOURI STATE BOARD OF HEALTH
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ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Des Moines Registration District No. 347 File No. _____
 Township Honey Creek Primary Registration District No. 3491 Registered No. 78
 City _____ (No. _____) St. _____ Ward _____

2. FULL NAME Willie Hannah Jageman

(a) Residence. No. _____ St. _____ Ward _____
 (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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) M

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) _____

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work _____
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) _____
 (STATE OR COUNTRY) _____

10. NAME OF FATHER _____

11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____
 (STATE OR COUNTRY) _____

12. MAIDEN NAME OF MOTHER _____

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____
 (STATE OR COUNTRY) _____

14.

INFORMANT _____
 (Address) _____

15.

FILED May 14 1929 Dr. E. C. Peeler
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 13 1929

17. I HEREBY CERTIFY That I attended deceased from _____
 19____ to _____, 19____
 that I last saw h. _____ alive on _____, 19____, and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Death of Accident Causing
internal injuries - Shock
Causing heart failure
 (duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (SECONDARY) Accident occurred in the
country about three miles north-
west of Clinton, on O.V.H. Highway
mo.
 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? _____
 (Signed) 1880 _____, M. D.

, 19 _____ (Address) _____

*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

DATE OF BURIAL

Englewood Cemetery

19

20. UNDERTAKER

ADDRESS

K. 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.

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

SUPPLEMENTARY

S-17905