REC'D JUN 16 1938

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

19143
Do not use this space.

1. PLACE OF DEATH
(a) County Perry Registration District No. 660
(b) Township Central Primary Registration District No. 5878 Registered No.
(c) City Perryville Mo (d) Street No. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Lawrence C Hagan
(a) Residence, No. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Rosie M. Hagan

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 15 1859

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	79	2	9	

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. Farmer
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) Perry Co. Mo.

FATHER
13. NAME Ambrose Hagan
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Perry Co. Mo

MOTHER
15. MAIDEN NAME Hanitt Layton
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Perry Co Mo

17. INFORMANT (ADDRESS) Rosie M. Hagan Perryville Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Mount Hope Cem DATE May 27 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Young & Sons Perryville Mo

20. FILED May 26, 1938 Jos F Zoellner Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 24, 1938

22. I HEREBY CERTIFY, That I attended deceased from August 27, 1936, to May 24, 1938
I last saw him alive on May 23, 1938. Death is said to have occurred on the date stated above, at 7:30 P m.
The principal cause of death and related causes of importance were as follows:

Cirrhosis of Liver — Date of onset 8/27/36+

Other contributory causes of importance:

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 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) Bernard T. Kroy, M. D.
(Address) Perryville, Mo.

(Licensed Embalmer's Statement on Reverse Side)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ...

....., or by .....

Registered Apprentice No. ....., working under my personal supervision.

Signed Edward C Young

Licensed Embalmer No. 2138

P. O. Address Perryville Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to co with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.