

MAR 27 1930  
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MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.  
*Dr. Johnson*  
File No. **5471**  
Registered No. \_\_\_\_\_

1. PLACE OF DEATH

County Johnson  
Township Warrensburg  
City Warrensburg (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward)

Registration District No. 431  
Primary Registration District No. 3023

2. FULL NAME James Nick Hagen Jr

(a) Residence No. 113 E - 7th St 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) child

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 25 1930

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min. 26

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

9. BIRTHPLACE (CITY OR TOWN) Warrensburg (STATE OR COUNTRY) Mo

10. NAME OF FATHER James Nick Hagen

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Webb City (STATE OR COUNTRY) Mo

12. MAIDEN NAME OF MOTHER Bessie Taylor

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

14. INFORMANT James Nick Hagen (Address) Warrensburg Mo.

15. FILED 2/25 1930 J. Patterson REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 21 1930

17. I HEREBY CERTIFY That I attended deceased from Feb 10 1930 to Feb 27 1930 that I last saw him alive on Feb 27 1930 and that death occurred, on the date stated above, at 7:45 P. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Gastroenteritis  
1130 1136 (duration) yrs. \_\_\_\_\_ mos. 10 ds.

CONTRIBUTORY (SECONDARY) \_\_\_\_\_ (duration) yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?  
(Signed) E. Johnson, M. D.  
Feb 22 1930 (Address) Warrensburg Mo.

\*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 Community Cemetery near Jasper Ex. St. Mo. DATE OF BURIAL Feb 23 1930

20. UNDERTAKER Elgon ADDRESS Warrensburg Mo.

