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

JAN 26 1934

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

Do not use this space.

40724

1. PLACE OF DEATH
County Marion — Registration District No. 547 — File No.
Township ~~Mason~~ — Primary Registration District No. 3079 — Registered No. 373
City Hannibal (No. , Levering Hospital St. Ward)

2. FULL NAME Emma L. Hager
(a) Residence, No. 204 S. Arch 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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): divorced

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 18, 1878

7. AGE: YEARS 55 — MONTHS 4 — DAYS 28 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home
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) (STATE OR COUNTRY) Pike Co. Illinois

FATHER
13. NAME Nace Ator
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No data Illinois

MOTHER
15. MAIDEN NAME Seba Leak
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No data Illinois

17. INFORMANT (ADDRESS) Mrs. Hez. Hill (Daughter) Hannibal, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Antioch Ralls Co. DATE Dec. 19, 1933

19. UNDERTAKER (ADDRESS) Wm M Smith 902 Bdwy Hannibal, Mo

20. FILED Dec 19 1933 R. H. Sbster Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) December 16, 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 6, 1933, to Dec 8, 1933
I last saw her alive on 12-8, 1933. Death is said to have occurred on the date stated above, at 2:15 p.m.
The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage with complete paralysis ~~right~~ Left side — 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) W. P. Bierley, M. D.
(Address) Hannibal Mo