NOV 18 1935

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

Do not use this space.

31911

1. PLACE OF DEATH
County Buchanan — Registration District No. 85
Township — Primary Registration District No. 1001 — File No.
City St. Joseph, (No. St. Joseph's Hospital St. Ward) — Registered No. 1555

2. FULL NAME Mary Eliza Hagan
(a) Residence, No. 2901 Olive Street St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 30 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): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF James F Hagan

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April.16.1854.

7. AGE: Years 81 — Months 5 — Days 27 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
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) Blue Springs, Missouri

FATHER
13. NAME Thomas Wimburn
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Kentucky

MOTHER
15. MAIDEN NAME Unknown Richardson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Kentucky

17. INFORMANT James F Hagan
(ADDRESS) 2901 Olive Street

18. BURIAL, CREMATION, OR REMOVAL Mount Auburn Cemt
PLACE St. Joseph, Mo. DATE October. 15. 35

19. UNDERTAKER H.O.Sidenfaden
(ADDRESS) 1802 Union Street St. Joseph, Mo.

20. FILED 10-14, 1935 John R Breuder
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October.13. 1935

22. I HEREBY CERTIFY, That I attended deceased from June 24, 1935, to Oct. 13, 1935.
I last saw h. or alive on Oct. 12, 1935. Death is said to have occurred on the date stated above, at 4/20.a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage (Ht. Hemiplegia)	June 1935

Other contributory causes of importance: Nephritis (Interstitial)

Name of operation — Date of
What test confirmed diagnosis? — 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?
If so, specify
(Signed) T. F. Thomson, M. D.
(Address) 5 Theatre Street Bldg.

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.

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