

JUL 17 1936

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

Do not use this space.

22132

1. PLACE OF DEATH

County Butler

Registration District No. 89

File No. _____

Township _____

Primary Registration District No. 3007

Registered No. 153

City Poplar Bluff (No. _____)

St. _____ Ward _____

2. FULL NAME

Hazel Roberta Hager

(a) Residence, No. Poplar Bluff Hospital Poplar Bluff Mo
(Usual place of abode)

(If non-resident, 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) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 11 1914

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
22 3 14

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

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) Butler Co Mo

FATHER 13. NAME James F. Williams

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wayne Co Mo

MOTHER 15. MAIDEN NAME Cora Mc Cornell

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Detroit Mich

17. INFORMANT (ADDRESS) Lloyd Hager Rt 10-3 Poplar Bluff Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Hellis Care DATE June 28 1936

19. UNDERTAKER (ADDRESS) NT Phelps Poplar Bluff Mo

20. FILED 6-30 1936 Calcutt Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 25 1936

22. I HEREBY CERTIFY, that I attended deceased from 6-23-36 to 6-25-36

I last saw her alive on 6-25-36 1936 Death is said to have occurred on the date stated above, at 4 pm

The principal cause of death and related causes of importance were as follows:

Streptococcus Infection of Face

Date of onset

Other contributory causes of importance

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 _____, 1936

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) H. H. Hager M. D.

(Address) Poplar Bluff Mo

1936



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1. PLACE OF BIRTH

County Butler

Registration District No. 89

File No. _____

Township _____

Primary Registration District No. 3007

Registered No. 153

City Paplar Bluff (No. _____)

St. _____ Ward) _____

2. FULL NAME

Hazel Roberta Hager

(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. min.
22 3 14

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
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) _____

13. NAME _____

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

15. MAIDEN NAME _____

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

17. INFORMANT (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL

PLACE _____ DATE _____ 19

19. UNDERTAKER (ADDRESS) _____

20. FILED 6-30-36 O.C. Cutinger Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 28, 1936

I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw h. _____ alive on _____, 19____. Death is said

to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

Streptococcus infection of face Date of onset _____

Other contributory causes of importance:

Infection followed the picking of a pimple on lip

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Were an autopsy? _____

23. If death was due to external causes (violence, fire) 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 industrial 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) H. S. Clay M. D.

(Address) Paplar Bluff

S-22132