

LEAD FEB 24 1939

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

3027
Do not use this space.

1. PLACE OF DEATH

(a) County Marion Registration District No. 547
 (b) Township Mason Primary Registration District No. 3029 Registered No. 14
 (c) City Hannibal (d) Street No. St Elizabeth St 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. 6 How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Reta Mae Hager

(a) Residence, No. Perry, Missouri St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 15, 1937

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
1 5 18

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. CHILD
 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, Missouri

FATHER 13. NAME John Hager

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Perry, Missouri

MOTHER 15. MAIDEN NAME Helen Griffith

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Perry, Missouri

17. INFORMANT (ADDRESS) John Hager, Perry, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Perry, Mo. DATE 1/3 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Clyde C. Wilsey, Perry, Missouri

20. FILED Jan 6 1939 W. C. Fisher Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 3, 1939

22. I HEREBY CERTIFY That I attended deceased from Dec 25, 1938, to January 3, 1939
 I last saw her alive on January 3, 1939 Death is said to have occurred on the date stated above, at 8:45 A.M.

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

Tuberculous Meningitis Date of onset Dec 20 1938

Other contributory causes of importance:

Malnutrition

Name of operation Spinal Date of _____
 What test confirmed diagnosis? T. Function 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) Raymond L. Jordan M. D.
4555 (Address) Hannibal, Missouri

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.



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

Clyde C. Wilbey, or by

Registered Apprentice No., working under my personal supervision.

Signed..... *Clyde C. Wilbey*

L. No. *820.*
City, Mo. *St. Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER with the above constitutes grounds for revocation of license. (Failure to comp

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