

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

Do not use this space.

18521

1. PLACE OF BIRTH

County Barry  
Township Monett  
City Monett (No. ....)

Registration District No. 20  
Primary Registration District No. 3003

File No. ....  
Registered No. 33  
St. .... Ward)

2. FULL NAME

Mrs Sallie Hagler

(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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

J. A. Hagler

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 19, 1854

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, .... hrs. or .... min.  
75 11 28

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work at home  
(b) General nature of industry, business, or establishment in which employed (or employer) .....  
(c) Name of employer .....

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Barry Co. Mo

10. NAME OF FATHER Charles Fly

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Barry Co. Mo

12. MAIDEN NAME OF MOTHER Rebecca Ann Martin

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Barry Co Mo

14. INFORMANT Mrs W. B. Davis (Address) Monett Mo

15. FILED 6-19-30 W. M. West REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 17 1930

17. I HEREBY CERTIFY, That I attended deceased from May 11, 1928 to June 17, 1930 that I last saw her alive on June 30, 1930, and that death occurred, on the date stated above, at 12:30 P.

THE CAUSE OF DEATH\* WAS AS FOLLOWS: Apoplexy  
Infarction of brain caused by hypertrophy of left ventricle

CONTRIBUTORY Hypertension (duration) 7 yrs. .... mos. .... da. (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED? at home IF NOT AT PLACE OF DEATH, .....

DID AN OPERATION PRECEDE DEATH? .....

19. WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DEATH? Physical findings  
(Signed) J. Roberts M. D. (Address) Monett 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 L. O. Cemetery DATE OF BURIAL June 19 1930

20. UNDERTAKER Callaway's ADDRESS Monett

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

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.

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