

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

Do not use this space.

22191

1. PLACE OF DEATH

16 County Cape Girardeau Registration District No. 176
 Township Hubble Primary Registration District No. 5774B
 City Cape Girardeau RFD #4 St. _____ Ward _____

File No. _____
 Registered No. _____

2. FULL NAME

Louis Arthur 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 1 yrs. 9 mos. 20 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Infant
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Son of Arthur & Clara Hager
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 13, 1930
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 1 9 20

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child
 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) Near Cape Girardeau Mo. RFD #4

FATHER 13. NAME Arthur Hager

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Near Gordonville Mo.

MOTHER 15. MAIDEN NAME Clara Probst

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Near Gordonville Mo.

17. INFORMANT (ADDRESS) Arthur Hager Cape Girardeau Mo. RFD #4

18. BURIAL, CREMATION, OR REMOVAL PLACE Gordonville Mo. DATE July 5 1932

19. UNDERTAKER (ADDRESS) Cravens Miller Gordonville Mo.

20. FILED July 5 1932 32 New Budget Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 3 - 1932
 22. I HEREBY CERTIFY, That I attended deceased from June 23 - 1932, to July 3 - 1932
 I last saw him alive on July 3 - 1932. Death is said to have occurred on the date stated above, at 9:40 a.m.
 The principal cause of death and related causes of importance were as follows:

Syventery acute
no 13 1
 Other contributory causes of importance: _____
 Date of onset _____

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) W. W. Ford M. D.
 (Address) Gordonville Mo.

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.

AUG 22 1932

