

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.

OCT 22 1937

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

Do not use this space.

1. PLACE OF DEATH

County *Monticame*
Township *Walker*
City *.....* (No. *.....*)

Registration District No. *571*
Primary Registration District No. *5769*

File No. *34813*
Registered No. *40*
St. *.....* Ward *.....*

2. FULL NAME

Lisetta Hagemeyer

(a) Residence, No. *.....* St. *.....* Ward *.....*
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. COLOR OR RACE *W* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED *Married*

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Sept 15 - 1853*

7. AGE YEARS *82* MONTHS *11* DAYS *18* IF LESS than 1 day, hrs. or min.

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) *Germany*

13. NAME *Trainer Kuegler*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Germany*

15. MAIDEN NAME *Sybelba Auer*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Germany*

17. INFORMANT (ADDRESS) *Mary Hagemeyer*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Saline Evangelical* DATE *9/5/37*

19. UNDERTAKER (ADDRESS) *Helligewitz & Tiedmeyer*

20. FILED *9-7-1937* *RR Dopejoy* Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Sept 3*, 19*37*

22. I HEREBY CERTIFY, That I attended deceased from *July 27*, 19*37* to *Sept 3*, 19*37*
I last saw h. *alive* on *Sept 3*, 19*37* Death is said to have occurred on the date stated above, at *4 p. m.*

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

*Coronary Obstruction
Following and Exacerbated
Heart Disease in Mitral
Insufficiency*

Other contributory causes of importance:

Name of operation *.....* Date of *.....*
What test confirmed diagnosis? *.....* Was there an autopsy? *.....*

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) *J. H. Bunker Jr.*, M. D.
(Address) *California*

