

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

15168

1 PLACE OF DEATH

County Wayne
Township Logan
or
Village
or
City

Registration District No. 65 File No.
Primary Registration District No. 6192 Registered No. 6

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME

Roscoe Daggatt

PERSONAL AND STATISTICAL PARTICULARS

3 SEX male 4 COLOR OR RACE white 5 SINGLE single
MARRIED
WIDOWED
OR DIVORCED
(Write the word)

6 DATE OF BIRTH Feb 11 1912
(Month) (Day) (Year)

7 AGE 3 yrs 1 mo 20 ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work
(b) General nature of industry business or establishment in which employed (or employer)

9 BIRTHPLACE
(City or town, State or foreign country) Wayne Co, Mo.

PARENTS
10 NAME OF FATHER Earnest Daggatt
11 BIRTHPLACE OF FATHER Wayne Co, Mo.
12 MAIDEN NAME OF MOTHER Ruth Luter
13 BIRTHPLACE OF MOTHER Wayne Co, Mo.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) E Daggatt
(Address) Patterson, Mo.

15 Filed Apr 4 1915 Mrs. C.R. Adams
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH April 3d 1915
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from Apr 3d 1915 to Apr 3d 1915
that I last saw him alive on Apr 3d 1915
and that death occurred, on the date stated above, at 5:45 p.m.

The CAUSE OF DEATH* was as follows:
Burned
181 (accidental.)
(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) V
(Duration) yrs. mos. ds.
(Signed) N.A. Farr M. D.
Apr 3, 1915 (Address) Wes Arc Mo

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted if not at place of death?
Former or usual residence.

19 PLACE OF BURIAL OR REMOVAL McProgh's Cem DATE OF BURIAL Apr 4 1915
UNDERTAKER Graves & Stamps ADDRESS Wes Arc 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.

Revised United States Standard Certificate of Death

[Approved by U. S. Census and American Public Health
Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)* For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of (name origin; "Cancer" is less definite; avoid

use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, OR HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

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CERTIFICATE OF DEATH

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

PLACE OF DEATH Wayne Mo
 County Wayne Registration District No. 65 File No. _____
 Township _____ or Village _____ Primary Registration District No. 6192 Registered No. 6
 City _____ (NO. _____) St. _____ Ward _____

[If death occurred in a hospital or institution, give its NAME instead of street and number]

FULL NAME Rose Laggatt

PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH	
SEX <u>M</u>	COLOR OR RACE <u>W</u>	SINGLE MARRIED WIDOWED OR DIVORCED <u>S</u> <small>(Write the word)</small>	DATE OF DEATH <u>Apr 3</u> , 191 <u>5</u> <small>(Month) (Day) (Year)</small>	
DATE OF BIRTH <u>Feb 11</u> , 191 <u>5</u> <small>(Month) (Day) (Year)</small>			I HEREBY CERTIFY, that I attended deceased from <u>Apr 3</u> , 191 <u>5</u> , to <u>Apr 3</u> , 191 <u>5</u> , that I last saw him alive on <u>Apr 3</u> , 191 <u>5</u> , and that death occurred, on the date stated above, at <u>5:45</u> p.m.	
AGE <u>3</u> yrs. <u>3</u> mos. <u>20</u> ds.		IF LESS than 1 day, _____ hrs. or _____ mins.	The CAUSE OF DEATH* was as follows: <u>Burned "Bowls"</u> <u>accidental</u> <u>Close cough on fire while in field with father</u>	
OCCUPATION (a) Trade, profession, or particular kind of work <u>None supplied</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>none supplied</u>				
BIRTHPLACE (City or town, State or foreign country) <u>Wayne Co Mo</u>			Contributory _____ (SECONDARY) (Duration) _____ yrs. _____ mos. _____ ds.	
PARENTS	NAME OF FATHER <u>Earnest Laggatt</u>		(Signed) <u>N A Farr</u> M.D.	
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Wayne Co Mo</u>		<u>4/3</u> 191 <u>5</u> (Address) <u>Wes Arc Mo</u>	
	MAIDEN NAME OF MOTHER <u>Hazel Lutes</u>		State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.	
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Wayne Co Mo</u>		LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, & RECENT RESIDENTS) At place of death: _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds.	
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <u>E. Laggatt</u>			Where was disease contracted if not at place of death? Former or usual residence _____	
(ADDRESS) <u>Patterson Mo</u>			PLACE OF BURIAL OR REMOVAL <u>Wt Pisgah Cem Supply</u> DATE OF BURIAL <u>Apr 4</u> , 191 <u>5</u>	
Filed <u>4/4</u> 19 <u>15</u> <u>Mrs C.P. Adams</u> REGISTRAR			UNDERTAKER <u>Graves & Stamps</u> ADDRESS <u>Wes Arc Mo</u>	

Original file, date Apr 7, 1915 Information called for must be written on this Supplementary Certificate.

Revised United States Standard Certificate of Death

[Approved by U. S. Census and American Public Health
Association]

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