

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

Do not use this space.

11727

1. PLACE OF DEATH

County Jackson Registration District No. 399
 Township Law Primary Registration District No. 1002
 City Kansas City (No. General Hosp.) St. Mo. Ward

File No.
 Registered No. 1521 St. Mo. Ward

2. FULL NAME

Clay Haguewood
 (a) Residence. No. 3005 - E - 279 St. Mo. 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 Male 4. COLOR OR RACE Wh 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 6 - 1905
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, ____ hrs. or ____ min.
 21 11 3
 8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work See man
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Green County
 (STATE OR COUNTRY) Mo.
PARENTS
 10. NAME OF FATHER W. J. Haguewood
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) Mo.
 (STATE OR COUNTRY) Mo.
 12. MAIDEN NAME OF MOTHER Paula C. Young
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Mo.
 (STATE OR COUNTRY) Mo.

14. INFORMANT Shyl Haguewood
 (Address) 3005 - E - 279
 15. FILED 4/11, 1927 M. M. Crowe REGISTRAR
Arch

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 9 1927
 17. I HEREBY CERTIFY that I attended deceased from Deputy Coroner
 (____), 19____, to (____), 19____, and that I last saw h. _____ alive on _____, 19____, and that death occurred, on the date stated above, at _____ m.
 THE CAUSE OF DEATH* WAS AS FOLLOWS:
Homicide - Firearms
1927
 (duration) ____ yrs. ____ mos. ____ da.
 CONTRIBUTORY (SECONDARY) 1927
 (duration) ____ yrs. ____ mos. ____ da.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH?
 19. DID AN OPERATION PRECEDE DEATH? DATE OF
 WAS THERE AN AUTOPSY? yes
 WHAT TEST CONFIRMED DIAGNOSIS? autopsy
 (Signed) Charles Nelson, M. D.
4-9-1927 (Address) Deputy Coroner
 *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 mt. Moriah DATE OF BURIAL 4-11 1927
 20. UNDERTAKER McLendon ADDRESS City

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.

