UG 21 1928

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

Do not use this space.

23017

1. PLACE OF DEATH
County Buchanan — Registration District No. 85
Township — Primary Registration District No. 1001
City St Joseph (No. Noyes Hosp St. Ward)

File No.
Registered No. 820

2. FULL NAME James Robert Doggett
(a) Residence. No. 1215 So 8 St., Ward
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 30 yrs. ✓ mos. ✓ 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): Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Single
6. DATE OF BIRTH (MONTH, DAY AND YEAR): Feb 1 - 1853
7. AGE: Years 75 — Months 5 — Days 4 — If LESS than 1 day, ... hrs. or ..... min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Laborer 93C -82A
(b) General nature of industry, business, or establishment in which employed (or employer): ✓ 97
(c) Name of employer: none -
9. BIRTHPLACE (CITY OR TOWN): Polk Co
(STATE OR COUNTRY): Iowa

PARENTS
10. NAME OF FATHER: Thomas Doggett
11. BIRTHPLACE OF FATHER (CITY OR TOWN): Polk Co
(STATE OR COUNTRY): Iowa
12. MAIDEN NAME OF MOTHER: Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Unknown
(STATE OR COUNTRY): Unknown

14. INFORMANT: Mrs Gay Coffey
(Address): St. Joseph, Mo.

15. FILED 6 1928 — John G. Uhl, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR): July 5 1928
17. I HEREBY CERTIFY, That I attended deceased from June 21, 1928, to July 5, 1928, that I last saw him alive on July 5, 1928, and that death occurred, on the date stated above, at 8 P m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
Apoplexy - (Left Hemiplegia)
(duration) yrs. mos. 14 ds.
CONTRIBUTORY (SECONDARY): Arterio Sclerosis & Chronic Myocarditis (duration) yrs. mos. ds. Unknown
18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? No. DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Signs & Symptoms
(Signed) Clarence A Saad, M. D
July 6, 1928 (Address) St Joseph 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: City Cemetery — DATE OF BURIAL: July 7 1928
20. UNDERTAKER: Fleeman Funeral Home — ADDRESS: 1208 Francis

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.

1920

61421