

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

Do not use this space.

1880

1. PLACE OF DEATH

County Jackson
Township Kaw
City Kansas City

Registration District No. 399
Primary Registration District No. 1002
(No. 2906 Paseo)

File No. 473
Registered No. 473
St. _____ Ward _____

2. FULL NAME Mr. James A. Haskett

(a) Residence. No. 2906 Paseo St. 4 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 White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Nettie A. Haskett

6. DATE OF BIRTH (MONTH, DAY AND YEAR) August 11, 1846

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
80 5 19

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired
(b) General nature of industry, business, or establishment in which employed (or employer).
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Tipton
(STATE OR COUNTRY) Indiana

10. NAME OF FATHER Daniel Young Haskett

11. BIRTHPLACE OF FATHER (CITY OR TOWN) North Carolina
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Elizabeth Godfrey

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) not known
(STATE OR COUNTRY)

14. INFORMANT George A. Harssee
(Address) 2906 Paseo

15. FILED 1-30-29 M D M Emur
REGISTRAR Asst

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) January 30 19 29

17. I HEREBY CERTIFY, That I attended deceased from Sept 1, 1928, to Jan 30, 1929, that I last saw him alive on Jan 29, 1929, and that death occurred, on the date stated above, at 1 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Myocarditis
92c (duration) 1 yrs. mos. da.

CONTRIBUTORY Don't know
(SECONDARY) (duration) _____ yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH.

0 Did an operation precede death? no DATE OF _____
WAS THERE AN AUTOPSY? no

19. WHAT TEST CONFIRMED DIAGNOSIS none
(Signed) E. A. Merriam M. D.

120, 1929 (Address) 1225 Rielle Bldg
*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 DATE OF BURIAL

Forest Hill Cemetery 1-31-1929
20. UNDERTAKER ADDRESS

Turner & McClure 8235 Gillham Plaza

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.

262
2
2
31

1225-Ruelle Va 9697