

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

Do not use this space.

✓ 6082
File No. _____
Registered No. 2
St. _____ Ward)

1. PLACE OF DEATH

County Lewis Registration District No. 742
Township Lawson Primary Registration District No. 5977
City Lawson (No. _____) _____ St. _____ Ward)

2. FULL NAME

Mrs. Lucy Jaggart
(a) Residence. No. _____ St. _____ 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. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

2 MEDICAL CERTIFICATE OF DEATH

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widow

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 20 1930

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John Jaggart

17. I HEREBY CERTIFY, That I attended deceased from Dec 20, 1929, to Feb 20, 1930, and that I last saw her alive on Feb 13, 1930, and that death occurred, on the date stated above, at 10 0 m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 16 1842

THE CAUSE OF DEATH* WAS AS FOLLOWS:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 87 | 5 | 4

Heart failure
caused by
hypertension
X 2 D
11 R (duration) yrs. / mos. ds.

8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work _____ (b) General nature of industry, business, or establishment in which employed (or employer) House Work (c) Name of employer _____

CONTRIBUTORY (SECONDARY) Grip (duration) yrs. mos. ds.

9. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTRY) Mo

18. WHERE WAS DISEASE CONTRACTED? IF NOT AT PLACE OF DEATH, _____ Home

10. NAME OF FATHER Jam. Weyman

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____ (STATE OR COUNTRY) Penn

WAS THERE AN AUTOPSY? no

12. MAIDEN NAME OF MOTHER Abelish Naulin

WHAT TEST CONFIRMED DIAGNOSIS? (Signed) H. G. Esterly, M. D.

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____ (STATE OR COUNTRY) Penn

, 19 (Address) Lawson Mo

14. INFORMANT (Address) Mrs. Geo. Matthews
Lawson Mo

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Ship up DATE OF BURIAL Feb 21 1930

15. FILED _____ 19 _____ REGISTRAR

20. UNDERTAKER J. M. Ward ADDRESS Lawson Mo

APR 28 1930

235

2

1881

1881

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Ray
Township Over
City Over (No. _____)

Registration District No. 442
Primary Registration District No. 3977

File No. 1
Registered No. 2
St. _____ Ward _____

2. FULL NAME

Mrs Lucy Daggart

(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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) wid

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

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

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.

8. OCCUPATION OF DECEASED

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

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

10. NAME OF FATHER
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY)

14. INFORMANT (Address)

15. FILED Mar. 19. 30 Edwin Shouse REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 20 19 30

17. I HEREBY CERTIFY That I attended deceased from _____ 19____ to _____ 19____ 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:

CONTRIBUTORY (SECONDARY) (duration) _____ yrs. _____ mos. _____ ds.

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

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS? _____

(Signed) _____, M. D.

, 19 (Address)

*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 _____ 19 _____

20. UNDERTAKER ADDRESS _____

SUPPLEMENTARY

REGISTRARS SHALL RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

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