

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

Do not use this space.

10418

MAR 25 1931

1. PLACE OF DEATH

47 County Jasper
 Township Jasper
 2 City Osborne (No.)

Registration District No. 418
 Primary Registration District No. 557A

File No. 2
 Registered No. 134
 St. Ward)

2. FULL NAME

Charles Holliday 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 63 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)

married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF Sarah Jaggart
 (OR) WIFE OF

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

Feb 21 - 1842

7. AGE

YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>89</u>	<u>0</u>	<u>12</u>	<u> </u>

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired Farmer
 (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) Illinois

10. NAME OF FATHER

Geo. Jaggart

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Ky

12. MAIDEN NAME OF MOTHER

Elizabeth Owens

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) Tenn

14.

INFORMANT A. E. Jaggart
 (Address) 2202 Penn. Joslin 7027

15.

FILED Mar 4, 1931 W. H. Coleman
 REGISTER

MEDICAL CERTIFICATE OF DEATH

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

March 3 1931

17.

I HEREBY CERTIFY, That I attended deceased from 3-3-31, 1931, to 3-3-31, 1931.
 that I last saw him alive on 3-2-31, 1931, and that death occurred, on the date stated above, at 4 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral apoplexy
82 A

CONTRIBUTORY (SECONDARY)

82 A

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 (1)

WHAT TEST CONFIRMED DIAGNOSIS:

(Signed) W. H. McKelvey, M. D.

3-3, 1931 (Address) Osborne 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

Waco Mo

DATE OF BURIAL

Mar 4 1931

20. UNDERTAKER

C. B. Rowley

ADDRESS

Carl Jet 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.

