

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

Do not use this space.

D. W. Mentzer

22520

File No. _____
Registered No. 95
St. _____ Ward _____

1. PLACE OF DEATH

County St. Charles Registration District No. 757
Township _____ Primary Registration District No. 3026
City St. Charles (No. St. Joseph's Hospital)

2. FULL NAME

Robert Harmon Haggard

(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

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 Alice Barnes

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 17-1861

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
70 4 25

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist 1st

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hamou

13. NAME Robert Haggard

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No History

15. MAIDEN NAME No History

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No History

17. INFORMANT H. F. Haggard
(ADDRESS) Springfield Ill

18. BURIAL, CREMATION, OR REMOVAL
PLACE Oak Grove Cem. DATE June 16, 1931

19. UNDERTAKER H. J. Halliday
(ADDRESS) 800 N. 1st St. St. Charles Mo

20. FILED 6/15 19 31 H. J. Bloebaum
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 12, 1931

22. I HEREBY CERTIFY, That I attended deceased from May 20, 1931, to June 12, 1931

I last saw him alive on June 12, 1931. Death is said to have occurred on the date stated above, at 10:0 P. m.

The principal cause of death and related causes of importance were as follows:

Acute Bacterial Enterocolitis Date of onset _____

Intestinal
1208

Other contributory causes of importance:

Name of operation no Date of _____

What test confirmed diagnosis Stool Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____

(Signed) D. W. Mentzer, M. D.
(Address) St. Charles Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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