

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

Do not use this space.

16784

64
8 City
County

1. PLACE OF DEATH
County Hannibal Mo Registration District No. 547
Township Wason Primary Registration District No. 3929
City Marion (No. Levering Hospital) St. _____ Ward _____

2. FULL NAME George 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.

File No. _____
Registered No. 157
St. _____ Ward _____

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 _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 25 1867

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
64 4~~5~~ 26

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

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) Mo 1

FATHER 13. NAME William H. Haggard 2

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

MOTHER 15. MAIDEN NAME Martha Rogers

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Richmond Va.

17. INFORMANT Nora Haggard
(ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL PLACE Hannibal DATE 5/24 1932

19. UNDERTAKER Hunkipes
(ADDRESS) London Mo

20. FILED May 27 1932
C. C. Causine
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-21 1932

22. I HEREBY CERTIFY, That I attended deceased from 5-21, 1932, to 5-21, 1932

I last saw him alive on 5-20, 1932 Death is said to have occurred on the date stated above, at 9:30 P.M.

The principal cause of death and related causes of importance were as follows:
Sunshot wound of head (suicidal)

Date of onset 7:30 PM
5-21-32

Other contributory causes of importance:
Respiratory failure

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? h

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Suicide Date of injury 5-21 1932
Where did injury occur? New London Mo
(Specify city or town, county and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Sunshot wound of head
Nature of injury _____

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

(Signed) Arnold S. Sudich, M. D.
(Address) Hannibal Mo.

WHITE 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.

MAY 25 1932

