

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

Do not use this space.

32240

1. PLACE OF DEATH
 County Buchanan Registration District No. 85
 Township St Joseph Primary Registration District No. 100
 City St Joseph (No. 920) Purdellton St. _____ (Ward)
 2. FULL NAME Madison Haggatt Jr.
 (a) Residence, No. 920 Purdellton 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 <u>M.</u>	4. COLOR OR RACE <u>negro</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>single</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct 8, 1933</u>		
7. AGE YEARS <u>1</u>	MONTHS <u>11</u>	DAYS <u>10</u>
If LESS than 1 day, _____ hrs. or _____ min.		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>none</u>		11. Total time (years) spent in this occupation <u>none</u>
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>none</u>		
10. Date deceased last worked at this occupation (month and year) <u>none</u>		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St Joseph, Mo</u>		
13. NAME <u>Madison Haggatt Jr.</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Washington, D.C.</u>		
15. MAIDEN NAME <u>Jucelle Robinson</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St Joseph, Mo</u>		
17. INFORMANT (ADDRESS) <u>Madison Haggatt Sr. 920 Purdellton</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Abraham</u> DATE <u>10/13/33</u>		
19. UNDERTAKER (ADDRESS) <u>Ramsay, Motherly St Joseph</u>		
20. OCT 12 1933 <u>John R. Bunker</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 8, 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 8, 1933 to Oct 9, 1933.
 I last saw him alive on Oct 9, 1933 Death is said to have occurred on the date stated above, at 10 A.M.
 The principal cause of death and related causes of importance were as follows:
108
LABOR PNEUMONIA
Not preceded by measles
 Other contributory causes of importance: Scabies fever
not any

Date of onset 24 hrs

Name of operation _____ Date of _____
 What test confirmed diagnosis? clinical 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) Fenton J. Woodward, M. D.
 (Address) 216 1/2 W. No. Ave.

WRITE PLAIN, 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.

NOV 10 1933

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