

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

FEB 27 1934

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

Do not use this space.

12119

1. PLACE OF DEATH
 85 County Pettis Registration District No. 664 File No. _____
 Township Washington Primary Registration District No. 5884 Registered No. 2
 City _____ (No. _____) St. _____ Ward _____

2. FULL NAME John Edgar Haskell
 (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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2-20-1875

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
58 10 15

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. His Own
 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) Peter Co Mo

MOTHER FATHER
 13. NAME James Haskell
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pittsburg Miss
 15. MAIDEN NAME Jane Elliott
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pettis Co Mo

17. INFORMANT (ADDRESS) Harry Haskell

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Antioch Camp DATE Jan 7th 1934

19. UNDERTAKER (ADDRESS) G. R. Shelley
Green Ridge, Mo.

20. FILED Jan 5th 1934 G. R. Shelley Registrar

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 5 1934

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw him alive on _____, 19____. Death is said to have occurred on the date stated above, at 2:30 p.m.
 The principal cause of death and related causes of importance were as follows:
I had not attended deceased recently. He was dead when I arrived at his home. A sudden death. From information given it is my opinion death was due to apoplexy.

Other contributory causes of importance:
827 200 B

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

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) H. A. Hite M. D.
 (Address) Green Ridge, Mo.

