

Louisingham

NOV 10 1934

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

Do not use this space.

36996

1. PLACE OF DEATH

County Pike Registration District No. 689  
Township ~~Boonville~~ Primary Registration District No. 3033  
City Louisiana (No. Pike Co. Hospital) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

(a) Residence, No. Bowling Green St. Mo Ward 1st  
(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred yrs. mos. 7 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 Mrs. Daisy Mae Haught  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 8/16/1898  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 36 2 15  
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.  
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) Nelson Co, N. Ark  
13. NAME Peter Haught  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Zyler Co. W. Va  
15. MAIDEN NAME Deena Mough  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pike Co, Mo

17. INFORMANT Mrs. D. Haught  
(ADDRESS) Louisiana Mo  
18. BURIAL, CREMATION, OR REMOVAL PLACE Louisiana DATE 11/2  
19. UNDERTAKER J. Haught  
(ADDRESS) Louisiana Mo  
20. FILED 10/31 1934 J. Haught Registrar.

MEDICAL CERTIFICATE OF DEATH

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21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-31-1934  
22. I HEREBY CERTIFY, That I attended deceased from 10-24, 1934, to 10-31, 1934  
I last saw him alive on 10-31, 1934. Death is said to have occurred on the date stated above, at 1:50 P. m.  
The principal cause of death and related causes of importance were as follows:  
Emphysema peritonitis. Date of onset 12/10  
12/10  
12/10  
Other contributory causes of importance:  
Acute appendicitis  
keep fresh  
Name of operation Appendectomy Date of 10-25-34  
What test confirmed diagnosis? 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 None  
Nature of injury \_\_\_\_\_  
24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify \_\_\_\_\_  
(Signed) Louisingham, M. D.  
(Address) Louisiana Mo

WRITE 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.

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