

JUL 1 1935

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

Do not use this space.

18616

1. PLACE OF DEATH

97 County Saline Registration District No. 795  
Township \_\_\_\_\_ Primary Registration District No. 4476  
4 City Malta Bend (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. 6  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

Franklin B. Haggard  
(a) Residence, No. Malta Bend, Mo. St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)  
Length of residence in city or town where death occurred 46 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 <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mary A. Haggard</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>10-20-1865</u>		
7. AGE	YEARS	MONTHS
	<u>69</u>	<u>7</u>
		DAYS
		<u>7</u>
		If LESS than 1 day, _____ hrs. _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired</u>	
	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) <u>Ma. Coupin Co. Mo.</u>		
FATHER	13. NAME <u>W. G. Haggard</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tenn.</u>	
MOTHER	15. MAIDEN NAME <u>Sarah C. Taunton</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tenn.</u>	
17. INFORMANT <u>Mrs. E. Guthrie</u> (ADDRESS) <u>Malta Bend Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Malta Bend Cem.</u> DATE <u>5/31</u> 19 <u>35</u>		
19. UNDERTAKER (ADDRESS) <u>Wheeler Funeral Home</u> <u>Carrollton Mo.</u>		
20. FILED <u>527</u> 19 <u>35</u> <u>Dr. Fletcher Brown</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 27 1935

22. I HEREBY CERTIFY, That I attended deceased from 5-27 1935, to 5-27 1935  
I last saw him alive on 5-27 1935. Death is said to have occurred on the date stated above, at 11 a.m.  
The principal cause of death and related causes of importance were as follows:  
Coronary Thrombosis  
Date of onset \_\_\_\_\_

Other contributory causes of importance:  
arterio-sclerosis

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? \_\_\_\_\_  
If so, specify \_\_\_\_\_  
(Signed) Warris B. Coak M. D.  
(Address) Malta Bend, Mo.

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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