

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

Do not use this space.

FEB 20 1936

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1. PLACE OF DEATH

County Genessee
Township Holland
City (No.) St. Ward

Registration District No. 654
Primary Registration District No. 0287

File No.
Registered No.

2. FULL NAME

(a) Residence No. James Herbert Haggard
(Usual place of abode) Holland 2nd St. Ward

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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) S

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 14 - 1914

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 20 11 15

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Rams

10. Date deceased last worked at this occupation (month and year) 5/1 - 1935 11. Total time (years) spent in this occupation 10 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cerritos, Tenn

13. NAME F. A. Haggard

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

15. MAIDEN NAME May E. Atkins

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn

17. INFORMANT F. A. Haggard (ADDRESS) Stills mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Shady Hill DATE 9-29 1935

19. UNDERTAKER Therman Smith Co (ADDRESS) Stills mo

20. FILED 2-8 1936 Tom Bryan Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-29 1935

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

I last saw h. alive on 19 . Death is said to have occurred on the date stated above, at 3:40 p.m.

The principal cause of death and related causes of importance were as follows:

Gun shot wound in heart, inflicted by 45 @ caliber Remington

Other contributory causes of importance: Not known whether suicide or homicide or accident

Name of operation Date of

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)

Manner of injury Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) J. W. Rhodes M. D. (Address) Hayth

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.

