

JUL 17 1936

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

Do not use this space.

22221

1. PLACE OF DEATH

County Cape Girardeau Registration District No. 125  
Township Cape Girardeau Primary Registration District No. 3009 File No. \_\_\_\_\_  
City Cape Girardeau (No. \_\_\_\_\_) Registered No. 19-3 St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

(a) Residence, No. 1206 Jefferson St., 9 Ward. (If nonresident, give city or town and State)  
(Usual place of abode)  
Length of residence in city or town where death occurred 1 yrs. 10 mos. 1 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>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widower</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Amanda Bolinger</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 18 1865</u>		
7. AGE YEARS <u>71</u>	MONTHS <u>3</u>	DAYS _____
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>		11. Total time (years) spent in this occupation <u>40</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) _____
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Jensen, Iowa</u>		
13. NAME <u>John L. Haggitt</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Jensen, Iowa</u>		
15. MAIDEN NAME <u>Elizabeth Sample</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Jensen, Iowa</u>		
17. INFORMANT (ADDRESS) <u>J. Haggitt</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>First Oak, mo</u> DATE <u>6-19</u> 19 <u>36</u>		
19. UNDERTAKER (ADDRESS) <u>Green Gies</u>		
20. FILED <u>6-18</u> 19 <u>36</u> <u>9:30 a.m.</u> <u>Amoyan</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 18 1936

22. I HEREBY CERTIFY, That I attended deceased from 3-9 to 6-18, 1936  
I last saw him alive on June 18, 1936. 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:  
Mucous Colitis  
Complication of Intestine  
Date of onset: 1925  
1935

Other contributory causes of importance: NO

Name of operation Amputation Date of \_\_\_\_\_  
50 - polyp in sigmoid  
What test confirmed diagnosis? X-ray 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? \_\_\_\_\_  
If so, specify \_\_\_\_\_  
(Signed) John L. Haggitt, M. D.  
(Address) Cape Girardeau, 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.

