REC'D JUL 12 1938

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

399

Do not use this space.

20988

File No.

Registered No. 2438

1. PLACE OF DEATH
County: Jackson
Township: Raw
City: Kansas City No. General Hospital St. Ward)

Registration District No. 1002
Primary Registration District No.

2. FULL NAME: Mrs Louisa Haught 2 20

(a) Residence, No. 703 East 12 St., Ward.
(Usual place of abode)
(If nonresident, give city or town and State)

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.

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: Mildred Haught

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct. 13 1903

7. AGE: YEARS 34 | MONTHS 8 | DAYS 3 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Taxi Driver
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Liberty Cab Co.
10. Date deceased last worked at this occupation (month and year): 6/3/38
11. Total time (years) spent in this occupation: 3 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): New Castle Pa.

FATHER
13. NAME: Louis N. Haught
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Collinsville Pa.

MOTHER
15. MAIDEN NAME: Susanna Powers
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Warren Ohio

17. INFORMANT (ADDRESS): Louis N. Haught Cleveland, Ohio

18. BURIAL, CREMATION, OR REMOVAL
PLACE: New Castle Pa. DATE: June 17 1938

19. UNDERTAKER (ADDRESS): D. W. Derbodwis Sons Birch Creek & Pasco

20. FILED 6-17 1938 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): June 16 1938

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 1:20 a.m.
The principal cause of death and related causes of importance were as follows:

Date of onset

Fed aus.
Inj. Fracture Dislocation & Thrust

Other contributory causes of importance: 2 30

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? Accident Date of injury 6-16 1938
Where did injury occur? Taxi (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury: Fall
Nature of injury: Inj. Fract. Dislocation & Thrust

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

(Signed) Russell W. Fox, M. D.
(Address)

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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Miss Wilson (in office)