REC'D AUG 10 1938

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

25648
Do not use this space.

1. PLACE OF DEATH
(a) County JASPER 1 Registration District No. 408 5563A
(b) Township JACKSON Primary Registration District No. 3020 Registered No.
(c) City NO (d) Street No. County Farm St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME ANDREW D. HAGGARD
(a) Residence, No. CARTHAGE, — COUNTY FARM St. 2163
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX MALE
4. COLOR OR RACE WHITE
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) WIDOWED
5A. ~~IF MARRIED~~, WIDOWED, ~~OR DIVORCED~~ HUSBAND OF ~~(OR) WIFE OF~~ MARGARETTE HAGGARD
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) UNKNOWN
7. AGE YEARS 67 MONTHS UNKNOWN DAYS UNKNOWN If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. POWDER MILL
10. Date deceased last worked at this occupation (month and year) UNKNOWN
11. Total time (years) spent in this occupation UNKNOWN

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MISSOURI

FATHER
13. NAME JOHNATHAN HAGGARD
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN

MOTHER
15. MAIDEN NAME MARGARETTE McKRISLEY
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN

17. INFORMANT (ADDRESS) T. A. TROUTMAN CARTHAGE, MO. R.F.D. No. 3
18. BURIAL, CREMATION, OR REMOVAL PLACE Curtis Cemetery Carthage DATE July 31 1938
19. FUNERAL DIRECTOR (ADDRESS) KNELL MORTUARY CARTHAGE, MO.
20. FILED July 30, 1938 E. J. McIntire, M.D. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 29 1938
22. I HEREBY CERTIFY, That I attended deceased from July 28 1938 to July 28 1938, I last saw him alive on July 28 1938 Death is said to have occurred on the date stated above, at 6:30 P.m.
The principal cause of death and related causes of importance were as follows:
Cerebral hemorrhage 8221
Date of onset
Other contributory causes of importance: Pneumonia bronchs, terminal Hypertension arteriosclerosis
Name of operation none Date of
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
Nature of injury
24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) W. Russell Smith, M. D.
(Address) Carthage, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.

STATEMENT BY LICENSED EMBALMER

I, P. W. Knell, Licensed Embalmer No. 814

hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself

L. E.

No. or by, Registered Apprentice No.

working under my personal supervision.

Signed P. W. Knell

Licensed Embalmer No. 814

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)