

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

: Do not use this space.

REC'D JAN 24 1939

1. PLACE OF DEATH

County Marion Mo
 Township Liberty
 City _____ (No. _____)

Registration District No. 548
 Primary Registration District No. 5740

File No. 43777
 Registered No. 75
 St. _____ Ward _____

2. FULL NAME Richard M. Claggett

(a) Residence, No. _____ 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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 28-1865

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
73 4 27

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

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) Missouri

13. NAME John Claggett

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known

15. MAIDEN NAME Catherine Schofield

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known

17. INFORMANT Opamae Claggett (ADDRESS) Philadelphia

18. BURIAL, CREMATION, OR REMOVAL PLACE City Cemetery DATE Nov 26-1938

19. UNDERTAKER B. M. S. Laguer (ADDRESS) Palmyra Mo

20. FILED Nov 26, 1938 Gertrude Lee Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-25 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov 25 1938 to Dec 25 1938
 I last saw him alive on Dec 23 1938 Death is said

to have occurred on the date stated above, at 3:30 P.M.

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

Acute cardiac failure
Auricular fibrillation

Other contributory causes of importance: 95 W

Name of operation _____ 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. J. G. Lee, M. D.
 (Address) Palmyra 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.

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

11/22/50
U.S. DEPARTMENT OF THE ARMY
HEADQUARTERS, 4TH INFANTRY DIVISION
FORT MONMOUTH, NEW JERSEY

11/22/50

TO: THE COMMANDER, 4TH INFANTRY DIVISION, FORT MONMOUTH, NEW JERSEY
FROM: THE COMMANDER, 1ST BATTALION, 4TH INFANTRY DIVISION, FORT MONMOUTH, NEW JERSEY
SUBJECT: [Illegible]

[The remainder of the page contains several paragraphs of extremely faint and illegible text, likely a memorandum or report.]

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11/22/50