

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

Do not use this space

6328

**1. PLACE OF DEATH**

64 County Marion  
Township Union  
City..... (No..... St..... Ward)

Registration District No. 549  
Primary Registration District No. 5742

File No.....  
Registered No. 2

**2. FULL NAME**

Andrew Haggart

(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) widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 3-2-1833  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
97      9      1

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work Retired blacksmith  
(b) General nature of industry, business, or establishment in which employed (or employer)  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Scotland

PARENTS  
10. NAME OF FATHER John Haggart  
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) unknown  
12. MAIDEN NAME OF MOTHER unknown  
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) unknown

14. INFORMANT (Address) Mrs. Martha Day, Philadelphia, Mo.

15. FILED 2-3-1931 Mrs. C.F. Tipton REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2-3-1931

I HEREBY CERTIFY, That I attended deceased from Feb. 1, 1931 to Feb. 3, 1931 that I last saw him alive on Feb. 3, 1931 and that death occurred, on the date stated above, at 10-40 a.m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Senility  
16 1/2 (duration) yrs. mos. ds.  
CONTRIBUTORY (SECONDARY) 16 1/2 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? No DATE OF.....  
WAS THERE AN AUTOPSY? No  
WHAT TEST CONFIRMED DIAGNOSIS.....  
(Signed) Dr. J. A. Hess, M. D.  
, 19 (Address) Philadelphia, Mo.

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Philadelphia DATE OF BURIAL 2-4-1931

20. UNDERTAKER B. M. Allen ADDRESS Phila. Mo.

i. 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.

