

REC'D AUG 19 1939

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

27078

Do not use this space.

1. PLACE OF DEATH

(a) County Texas Registration District No. 865
(b) Township Sherrill Primary Registration District No. 6149 Registered No. 21
(c) City Sherrill (d) Street No. _____ 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

263 John Logan Haggard
(a) Residence, No. _____ St. _____
(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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or wife of) Mattie Haggard

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 31 1867

7. AGE YEARS 72 MONTHS 5 DAYS 1 IF LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Former
9. Industry or business in which work was done, as saw mill, bank, etc. Former
10. Date deceased last worked at this occupation (month and year) May 1937
11. Total time (years) spent in this occupation. 55

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Licking Mo

13. NAME Mack Haggard

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Licking Mo

15. MAIDEN NAME Lettie Leonard

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

17. INFORMANT (ADDRESS) Mack Haggard Sherrill Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Sherrill Mo DATE 7-3-39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Smith & Johnson Licking Mo

20. FILED 7/3 1939 J. L. Reed Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 3 1939

22. I HEREBY CERTIFY That I attended deceased from June 14 1939 to July 3 1939
I last saw him alive on June 23 1939. 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:

Chronic nephritis
Date of onset 1938
June 1

Other contributory causes of importance: 102

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) J. L. Reed M. D.

(Address) Sherrill 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.

RECEIVED

District Health Officer No. 5.

Case File Number 83931

Date Filed 8/10/39

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

....., or by

Registered Apprentice No., working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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

If this body is not embalmed, above space should be left blank.