

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

Do not use this space.

20341

1. PLACE OF DEATH

County Scott

Registration District No. 810

Township Memphis

Primary Registration District No. 4488

City Memphis

No. _____

File No. _____

Registered No. 22

St. _____ Ward _____

2. FULL NAME

(a) Residence. No. Harvey M^o Hugh
Memphis, Mo. 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

Archie M^o Hugh

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

Dec-18-1840

7. AGE

YEARS 86

MONTHS 6

DAYS 1

If LESS than 1 day, _____ hrs. or _____ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.

Retired farmer

(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)

Ohio

10. NAME OF FATHER

W^m M^o Hugh

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Don't know

12. MAIDEN NAME OF MOTHER

Elizabeth Rice

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Ohio

14.

INFORMANT (Address)

Mrs R. F. Dickson
Memphis, Mo.

15.

FILED

6/24/27
E. E. Parrish
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR)

June 19, 1927

17.

I HEREBY CERTIFY, That I attended deceased from _____
I saw him, 19to on June 15, 1927
that I last saw him alive on June 15, 1927; and that
death occurred, on the date stated above, at 10 P. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Heart Failure
from the Infirmities
of old age. (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

Did not see this case
only one time. (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH, _____

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) Frank Givens, M. D.
6/24, 1927 (Address) Memphis, Mo.

*State the DISEASE CAUSING DEATH, if a death from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Hickory Grove Cemetery

June 20, 1927

20. UNDERTAKER

ADDRESS

Gardner & Roberts

Gormin, 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.

