NOV 26 1927

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

Do not use this space.

31176

1. PLACE OF DEATH
County Phelps — Registration District No. 676 — File No.
Township Arlington — Primary Registration District No. 5T99 — Registered No. 18
City (No. St. Ward)

2. FULL NAME Mary Hargus
(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: Fmal
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 —

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 10-11-23

7. AGE

| YEARS | MONTHS | DAYS | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 4 | — | — | |

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work
(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) No

PARENTS
10. NAME OF FATHER Tom Hargus
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) No
12. MAIDEN NAME OF MOTHER Mary Hance
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) No

14. INFORMANT C. Wagoner
(Address) Jerome Mo

15. FILED 10/12, 1927 B T Smith REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 10/12 1927

17. I HEREBY CERTIFY, That I attended deceased from 10/11-27, 1924, to Oct 11, 1927, that I last saw her alive on Oct 10, 1927, and that death occurred, on the date stated above, at Oct 12 5A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Diphtheria
10
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 10
(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? None
(Signed) B T Smith, M. D
10/12, 1927 (Address) New Gray 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: Arlington Cemetery — DATE OF BURIAL: 10/13 1927

20. UNDERTAKER: J A Jones — ADDRESS: Acting Jerome 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.