

MAR 21 1928

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

Do not use this space.

1. PLACE OF DEATH

County *St. James*  
Township *St. James*  
City *St. James* (No. ....)

Registration District No. *678*  
Primary Registration District No. *4404*

File No. *5915*  
Registered No. ....  
St. .... Ward

2. FULL NAME

(a) Residence. No. .... St., .... Ward.  
(Usual place of abode)

Length of residence in city or town where death occurred *25* yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 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) *Mar. 12 - 1853*

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
*74 11 15*

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work *House wife*  
(b) General nature of industry, business, or establishment in which employed (or employer)  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) *Mexico* (STATE OR COUNTRY) *Ill*

10. NAME OF FATHER *Thos Hargis*

11. BIRTHPLACE OF FATHER (CITY OR TOWN) *Kentucky* (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER *Eveline Folk*

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) *Ancunith* (STATE OR COUNTRY)

14. INFORMANT *Alice Dewalt* (Address) *St. James Mo.*

15. FILED *3/20 1928* *Steady J. Halstead* REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *Feb. 27 1928*

17. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to *2-27*, 19*28* that I last saw h..... alive on....., 19....., and that death occurred, on the date stated above, at..... *1:30 p.* m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

*acute dilatation of heart*  
*9:15* (duration) yrs. mos. ds.  
*9:15* (duration) 3 yrs. mos. ds.  
CONTRIBUTORY *Myocardial Regurgitation* (SECONDARY)

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? *Clinical*  
(Signed) *William H Brewer*, M. D.  
*2/28/1928* (Address) *St James 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 *Masonic Cemetery* DATE OF BURIAL *Feb. 29 1928*

20. UNDERTAKER *Jones and Ten Eyck* ADDRESS *St. James 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.

