

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

Do not use this space.

9389

**1. PLACE OF DEATH**

County Casper  
Township Jackson  
City Carthage R.R. #5

Registration District No. 408  
Primary Registration District No. 3563a

File No. ....  
Registered No. ....  
St. .... Ward)

**2. FULL NAME**

Marguerite Elizabeth Dargent

(a) Residence No. Carthage R.R. #5 Ward. ....  
(Usual place of abode)

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. (If nonresident give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 25<sup>th</sup> 1845

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hr. or _____ min.
<u>82</u>	<u>3</u>	<u>16</u>		

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work At Home  
(b) General nature of industry, business, or establishment in which employed (or employer) .....  
(c) Name of employer .....

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

PARENTS

10. NAME OF FATHER B. F. Dargent

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

12. MAIDEN NAME OF MOTHER Mary Hawkins

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

14. INFORMANT Mrs. George White  
(Address) Carthage R.R. #5

15. FILED 3, 1928 C. W. Kitcham  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 12<sup>th</sup> 1928

17. I HEREBY CERTIFY, That I attended deceased from March 9<sup>th</sup> 1928 to March 12<sup>th</sup> 1928 that I last saw her alive on March 7<sup>th</sup> 1928, and that death occurred, on the date stated above, at 7 o'clock a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Asthma - (Bronchial)

CONTRIBUTORY (SECONDARY) arterial Sclerosis  
(duration) 1 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) Dr. V. S. Chapman, M. D.  
, 19 (Address) Diamond 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 Sterling Cemetery DATE OF BURIAL 3/13/1928

20. UNDERTAKER The Steel and Co. Webb City  
ADDRESS

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. 1928

Dr. Chapman