

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

Do not use this space.

15180
14913

1. PLACE OF DEATH

County.....
Township.....
City St. Louis Mo

Registration District No. 791
Primary Registration District No. 11003
No. 2917, Hennetta

File No.
Registered No. 4105
St. Ward)

2. FULL NAME

Evelyn G. Hargrave

(a) Residence. No. 2917 Hennetta St., 17 Ward.

(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 Female
4. COLOR OR RACE W
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) Nov. 27 - 1925

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
2 4 22

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) Reston Ark.
(STATE OR COUNTRY)

10. NAME OF FATHER Berlie M. Hargrave

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

12. MAIDEN NAME OF MOTHER Willie Gatewood

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

14. INFORMANT Berlie M. Hargrave
(Address) 2917 Hennetta St.

15. APR 14 1928
FILED 19 1928
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 14, 1928

17. I HEREBY CERTIFY, That I attended deceased from April 13 at 9 P.M., 1928, to April 14 - 3:30, 1928, that I last saw h. or alive on April 13, 1928, and that death occurred, on the date stated above, at 3:30 a.m. April 14

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Scarlet Fever

CONTRIBUTORY (SECONDARY) 8 (duration) yrs. mos. 7 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) Jos. L. Grosset, D. M. (Address) 375 1/2 Big Bend Blvd. Univ. City 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 Reston Ark. DATE OF BURIAL April 16, 1928

20. UNDERTAKER A. W. Laughlin ADDRESS 1637 Missouri

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.

