DEC 1928

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

36227

1. PLACE OF DEATH
County: Caldwell — Registration District No.: 94
Township: — Primary Registration District No.: 4056
City: Breckenridge (No. ... St. ... Ward)

File No.:
Registered No.: 16

2. FULL NAME: Sue B. Hargrove

(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: 23 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): married

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Ruben Hargrove

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Oct 9 1859

7. AGE: Years 69 | Months 1 | Days 8 | If LESS than 1 day, ___ hrs. or ___ min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housewife
(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): Halston Eng.

PARENTS
10. NAME OF FATHER: John Bensley
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Eng.
12. MAIDEN NAME OF MOTHER: Elizabeth Harris
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): England

14. INFORMANT: R. H. Hargrove
(Address): Breckenridge Mo

15. FILED 11-18, 1928. E A Thompson, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Nov 17 " 1928

17. I HEREBY CERTIFY, That I attended deceased from Nov 7, 1928, to Nov 17, 1928, that I last saw her alive on Nov 17, 1928, and that death occurred, on the date stated above, at 8.30 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
meningitis.
Sec
Tel
(duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY): Abcess of middle Ear
(duration) 2 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Place of death
DID AN OPERATION PRECEDE DEATH? No. DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Physical findings
(Signed) E A Thompson, M. D
Nov 18, 1928 (Address) Breckenridge 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: Rose Hill Cemetery — DATE OF BURIAL: Nov 20, 1928

20. UNDERTAKER: T M Peck — ADDRESS: Breckenridge 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.

WRITE PLAINLY, WITH ORDINARY INK