

39373

PERMANENT RECORD

M. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state EXACTLY the CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1. PLACE OF DEATH		Registration District No.		File No.
County <u>Shannon</u>		<u>823</u>		
Township <u>Munroe</u>		Primary Registration District No.		Registered No.
City <u> </u> (No. <u> </u>)		<u>4498</u>		St. <u> </u> Ward <u> </u>

2. FULL NAME <u>Eugene Argo</u>				
(a) Residence. No. <u> </u> St. <u> </u> Ward <u> </u>		(If nonresident give city or town and State)		
Length of residence in city or town where death occurred <u> </u> yrs. <u> </u> mos. <u> </u> ds.		How long in U.S., if of foreign birth? <u> </u> yrs. <u> </u> mos. <u> </u> ds.		

PERSONAL AND STATISTICAL PARTICULARS					MEDICAL CERTIFICATE OF DEATH	
2. SEX <u>Male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (<i>write the word</i>) <u>Married</u>			16. DATE OF DEATH (MONTH, DAY AND YEAR) <u>Nov 4</u> 19 <u>29</u>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Irene Argo</u>				17. I HEREBY CERTIFY, That I attended deceased from <u>Nov 4</u> , 19 <u>29</u> , to <u>Nov 4</u> , 19 <u>29</u> , and that I last saw him alive on <u>Nov 4</u> , 19 <u>29</u> , and the death occurred, on the date stated above, at <u> </u> m.		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>April 14 1950</u>				THE CAUSE OF DEATH WAS AS FOLLOWS: <u>Atherosclerosis</u>		
7. AGE	YEARS <u>79</u>	MONTHS <u>6</u>	DAYS <u>20</u>	(duration) <u> </u> yrs. <u> </u> mos. <u> </u> ds.		
				CONTRIBUTORY (SECONDARY) <u>Argo</u>		
8. OCCUPATION OF DECEASED				(duration) <u> </u> yrs. <u> </u> mos. <u> </u> ds.		
(a) Trade, profession, or particular kind of work <u>Farmer</u>						
(b) General nature of industry, business, or establishment in which employed (or employer).						
(c) Name of employer						
9. BIRTHPLACE (CITY OR TOWN) <u>Macon</u>				18. WHERE WAS DISEASE CONTRACTED		
(STATE OR COUNTRY) <u>Georgia</u>				IF NOT AT PLACE OF DEATH: <u> </u>		
PARENTS	10. NAME OF FATHER <u>Louis David Argo</u>			DID AN OPERATION PRECEDE DEATH? <u>No</u> DATE OF <u> </u>		
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) <u>Macon</u>			WAS THERE AN AUTOPSY? <u>No</u>		
	(STATE OR COUNTRY) <u>Georgia</u>			WHAT TEST CONFIRMED DIAGNOSIS? <u>Not far Paralysis</u>		
	12. MAIDEN NAME OF MOTHER <u>Mary Carter</u>			(Signed) <u>S. S. Lohmeyer, M.D.</u>		
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) <u>Macon</u>			<u>Nov 4</u> , 19 <u>29</u> (Address) <u>Winona Mo</u>			
(STATE OR COUNTRY) <u>Georgia</u>			*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.			
14. INFORMANT <u>Mrs. R. B. Marshall</u>			19. PLACE OF BURIAL, CREMATION, OR REMOVAL		DATE OF BURIAL	
(Address) <u>Winona Mo</u>			<u>New Cemetery Winona Mo</u>		<u>11-6 1929</u>	
15. FILED <u>11-6-29</u> <u>Mabel Bacon</u>			20. UNDERTAKER <u>Oyark Low Co</u>		ADDRESS <u>Winona</u>	
			REGISTRAR			

