APR 30 1930

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

Do not use this space.

9559

File No. .....
Registered No. 21

1. PLACE OF DEATH
County Mississippi — Registration District No. 566
Township Tywappity — Primary Registration District No. 5762
City Charleston (No. ....., ... St. ..... Ward)

2. FULL NAME Joe Hargau
(a) Residence. No. RFD #3 St., ... Ward. .....
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
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: Ada Hargau

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Near 1861

7. AGE: Near 68 YEARS | MONTHS | DAYS | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Farmer
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Ky.

PARENTS
10. NAME OF FATHER: Frank Hargau
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Unknown
12. MAIDEN NAME OF MOTHER: Unknown
13. BIRTHPLACE OF MOTHER (~~CITY OR TOWN~~) Unknown
(STATE OR COUNTRY) Unknown

14. INFORMANT: A. L. Thorgau
(Address) Charleston, Mo.

15. FILED 3-7-30, 19 ..... F. S. Vernon
REGISTRAR

MEDICAL CERTIFICATE OF DEATH 12:45 P.M.

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3/6 1930

17. I HEREBY CERTIFY, That I attended deceased from Oct 1, 1929, to 3/6, 1930, that I last saw him alive on 3/5 1930, and that death occurred, on the date stated above, at 12:45 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Apoplexy — 132 B
82 B
102
..... (duration) ..... yrs. ..... mos. 30 ds.

CONTRIBUTORY (SECONDARY) Hypertension
Nephritis (duration) ? yrs. 7 mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? no DATE OF none
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Clinical Symptoms
(Signed) E. Chas. Kolwing, M. D.
, 19 (Address) Charleston, 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: Oak Grove
DATE OF BURIAL: 3/7 1930

20. UNDERTAKER: Fair Und. Co. [illegible]
ADDRESS: Charleston