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

Do not use this space.

22463

File No. .....
Registered No. 41

1. PLACE OF DEATH
County: Dunklin
Township: Salem
City: ..... (No. ..... St. ..... Ward)
Registration District No. 220
Primary Registration District No. 4408

2. FULL NAME: Sarah Margaretta Hargett
(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 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)~~: Widowed

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

6. DATE OF DIVORCE (MONTH, DAY AND YEAR) April 20, 1856

7. AGE: Years 74 | Months 3 | Days 4 | If LESS than 1 day, ... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Shelby County, Illinois

PARENTS
10. NAME OF FATHER: Moses Fletcher
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Don't Know
12. MAIDEN NAME OF MOTHER: Don't Know
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Don't Know

14. INFORMANT: Mrs. Ella Johnson
(Address): Senath Mo. R.F.D. #3

15. FILED: 8-1, 1930 H. W. Pulliam M.D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): July 24 1930

17. I HEREBY CERTIFY, That I attended deceased from July 15, 1930, to July 23, 1930; that I last saw her alive on July 23, 1930; and that death occurred, on the date stated above, at 2:00 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Myocarditis
48
93C
(duration) unknown yrs. mos. ds.

CONTRIBUTORY (SECONDARY): Carcinoma of Cervix
(duration) unknown yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH: Unknown
DID AN OPERATION PRECEDE DEATH? No. DATE OF .....
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? .....
(Signed) J. Glenn Davis, M. D.
, 19 (Address)

*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: McGee Cemetery — DATE OF BURIAL: July 25 1930
20. UNDERTAKER: McDaniel Funeral Co. — ADDRESS: Senath 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 UNFADING INK—THIS IS A PERMANENT RECORD