

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

Do not use this space.

27210

1. PLACE OF DEATH

County Saline Registration District No. 796
Township _____ Primary Registration District No. 3038
City Marshall (No. _____) St. _____ Ward _____

File No. _____

Registered No. 123

2. FULL NAME

John Wesley Argood
(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)
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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Lena Argood</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept 8 - 1867</u>		
7. AGE	YEARS <u>63</u>	MONTHS <u>10</u>
	DAYS <u>11</u>	IF LESS than 1 day,hra. ormin.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Labourer</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>		
FATHER	13. NAME <u>Stirling Argood</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>	
MOTHER	15. MAIDEN NAME <u>Widower</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Widower</u>	
17. INFORMANT <u>G. M. Argood</u> (ADDRESS) <u>Prising City Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Grand Pass</u> DATE <u>July 21, 1931</u>		
19. UNDERTAKER <u>T. M. Campbell</u> (ADDRESS) <u>Marshall Mo.</u>		
20. FILED <u>7-22</u> 19 <u>31</u> <u>Mrs. John W. M. Saline</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

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21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 19, 1931

22. I HEREBY CERTIFY that I attended deceased from Feb 1, 1931, to July 19, 1931
I last saw him alive on July 19, 1931. Death is said to have occurred on the date stated above, at 2:30 P.M.
The principal cause of death and related causes of importance were as follows:
Chronic Hypertension 1920
Chronic Arteriosclerosis 1926
Other contributory causes of importance:
Chronic Arteriosclerosis
Name of operation _____ Date of _____
What test confirmed diagnosis? Chronic Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____
(Signed) A. H. Harrison, M. D.
(Address) Marshall 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.

29 1931

