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

Do not use this space.

1. PLACE OF DEATH

35 County Dunklin — Registration District No. 289 — File No. 4249

Township Cotton Hill — Primary Registration District No. 5407 — Registered No. 85

City ..... (No. ..... St. ..... Ward)

2. FULL NAME Sherman Lee Hargiss

(a) Residence. No. ..... St., ... Ward. ..... (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): ✓

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 27-1930

7. AGE: Years 1 — Months 11 — Days 6 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work ✓
(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) Parma Mo.

PARENTS
10. NAME OF FATHER Homer Hargiss
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Wayne Co. Mo.
12. MAIDEN NAME OF MOTHER Pearl Chandler
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Malden Mo

14. INFORMANT Jessie Hargiss
(Address) Malden Mo.

15. FILED 2/3, 1932 Homer Beall-MD, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 3 1932

17. I HEREBY CERTIFY, That I attended deceased from Jan 31, 1932, to Feb 3rd, 1932 that I last saw h..... alive on ....., 19....., and that death occurred, on the date stated above, at 10 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Scald over chest, abdomen, thigh & part of back

181 (duration) ..... yrs. ..... mos. 4 ds.

CONTRIBUTORY (SECONDARY) 181 (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED (P) 15

IF NOT AT PLACE OF DEATH .....

DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) John D Van Cleve, M. D.

, 19 (Address) Malden 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. accidental

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Malden Mo. — DATE OF BURIAL: 2-4 1932

20. UNDERTAKER: W. L. Craig — ADDRESS: Malden Mo.

WRITE PLAINLY, [illegible] THIS IS A PERMANENT RECORD

N. B.—Every item of information should be [illegible] 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.

FEB 28 1932

D.V.

HOMER BEALL, M. D.

PHONES - OFFICE 66 - RES. 23 MALDEN, MO.

℞ FOR Sherman Lee Harris (Died)

The Cause of death as given seemed incomplete, the Dr. would not change it, when returned to him. It appears the cause as given is only the contributory cause.