

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.

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CCT 24 1932

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

Do not use this space.

28142

1. PLACE OF DEATH

County Bates

Registration District No. 53

Township Rich Hill

Primary Registration District No. 3005

City Rich Hill (No.)

File No.

Registered No. 33

St. Ward

2. FULL NAME

Thurman Argenbright

(a) Residence, No. 4th & Cedar St. North 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Divorced

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OF

Rosie Argenbright

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan-5-1855

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 77 8 24

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

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) Ohio 2

13. NAME Philip Argenbright

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

15. MAIDEN NAME Delphia Nickolis

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

17. INFORMANT Mrs. W. R. Armstrong
(ADDRESS) Rich Hill Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Home Cemetery DATE Sept-30-1932

19. UNDERTAKER Pond & Reasley
(ADDRESS) Rich Hill Mo.

20. FILED Jan 27 1932 James J. Allen
Registrar.

MEDICAL CERTIFICATE OF DEATH

1. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 24 1932

2. I HEREBY CERTIFY That I attended deceased from Jan 24 1932 to Jan 24 1932

I last saw alive on Jan 24 1932, 1932 Death is said

to have occurred on the date stated above, at 5:30 p. m.

The principal cause of death and related causes of importance were as follows:

Heart disease

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

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?

If so, specify

(Signed) James J. Allen, M. D.

(Address) Rich Hill Mo

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