

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

Do not use this space.

1. PLACE OF DEATH

County **PHelps** Registration District No. **679** File No. **41072**
 Township **Cold Spring** Primary Registration District No. **6907** Registered No. _____
 City **Yancy Mills** (No. _____) St. _____ Ward _____

2. FULL NAME Henry Hargis

(a) Residence, No. **Yancy Mills** 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 **Male** 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 **Evaline Hargis**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Nov 5 1861**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
71 1 4

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) **Yancy Mills Mo.**

FATHER 13. NAME **William Hargis**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Ky**

MOTHER 15. MAIDEN NAME **Sullivan**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Edgar Springs, Mo.**

17. INFORMANT (ADDRESS) **William Hargis Yancy Mills, Mo.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Pilot Knob** DATE **Dec 9, 32,**

19. UNDERTAKER (ADDRESS) **Null and Licklider Rolla, Mo.**

20. FILED **Dec 9 1932** **W. S. Williams** Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Dec 8, 1932**

22. I HEREBY CERTIFY That I attended deceased from **Dec 8, 1932** to **Dec 8, 1932**

I last saw him alive on **Dec 1, 1932** Death is said to have occurred on the date stated above, at **10 a. m.**

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

Chronic intestinal nephritis (Date of onset _____)

Other contributory causes of importance: **none**

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ 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?
 If so, specify _____
 (Signed) **W. S. Williams** M. D.
 (Address) **Rolla, 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.

NOV 29 1932

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